

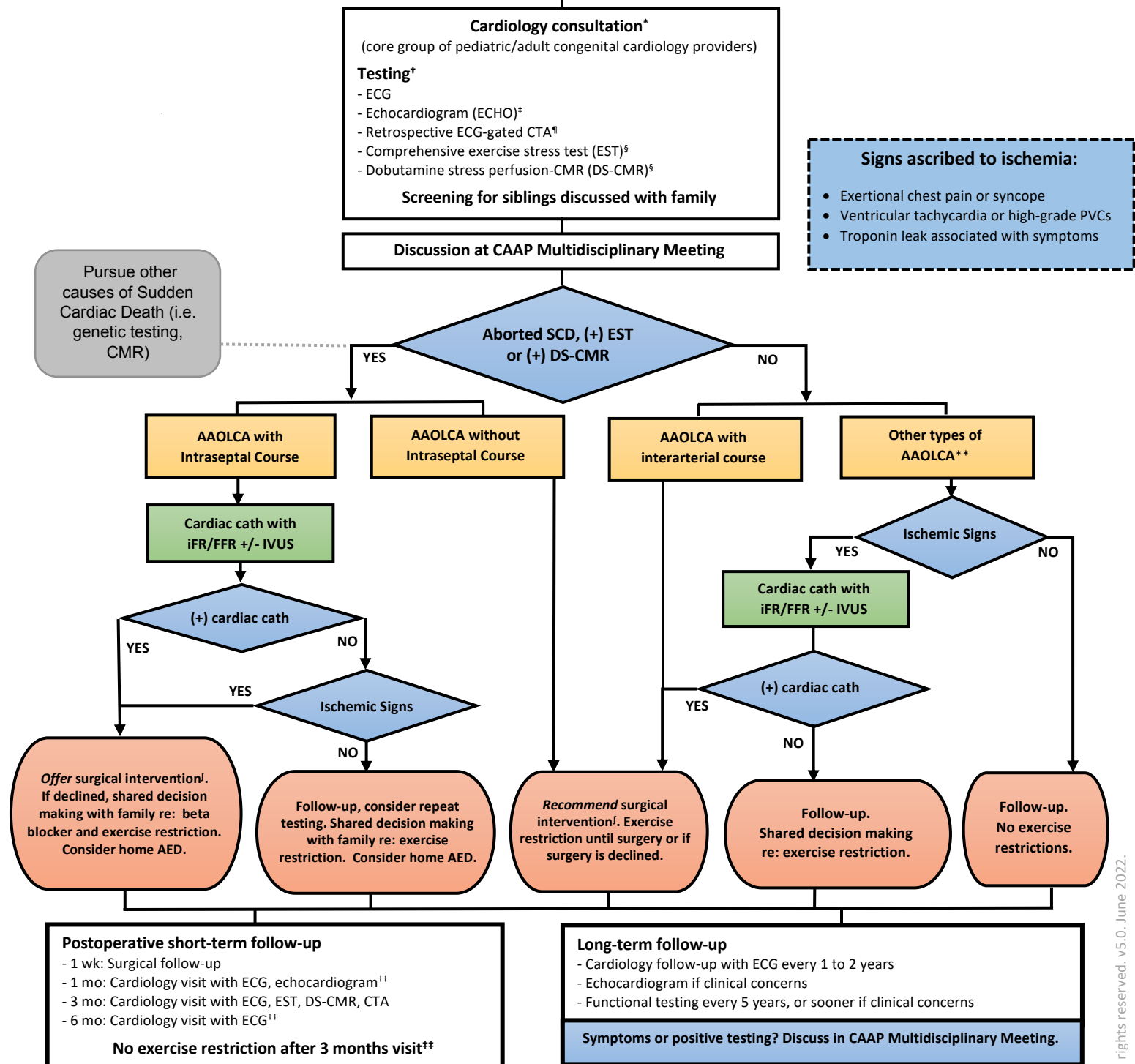
Coronary Artery Anomalies Program

Texas Children's Heart Center



Texas Children's
Hospital®

Clinical algorithm for patients with Anomalous Aortic Origin of a Left Coronary Artery (AAOLCA)



SCD: Sudden cardiac death, CAAP: Coronary Artery Anomalies Program, DS-CMR: Dobutamine stress cardiac magnetic resonance imaging, EST: Exercise stress test, iFR: instantaneous wave-free ration, FFR: fractional flow reserve, IVUS: intravascular ultrasound.

* Consent obtained for participation in prospective registries.

† Additional studies (i. e. Holter) may be performed depending on the clinical assessment.

‡ External echocardiograms do not need to be repeated if the study is deemed appropriate.

§ EST or DS-CMR may be deferred until approximately 6 to 8 years of age, unless clinical concerns. DS-CMR and EST deferred if post aborted SCD.

¶ An external CTA may be used if able to upload the images and the study provides all necessary information for management decision-making. CTA should be deferred until approximately 6 to 8 years of age, unless clinical concerns.

**Other types of AAOLCA may include origin from the non-coronary sinus/juxtacommissural and intraseptal course.

^f Recommend surgical intervention if >8 years of age, or sooner if there are concerns. Aspirin will be administered for 3 months after surgery.

†† Patient may be seen by outside primary cardiologist.

‡‡ Postoperative patients will be cleared for exercise and competitive sports based on findings at the third month postoperative visit including results of CPET, DS-CMR, and CTA (as well as cardiac cath, if done preoperatively).