SIMPLIFIED ABSTRACT SAMPLE WORK

Late adult presentation of ALCAPA syndrome: need for a new clinical classification? A case report and literature overview

SAMPLE WORK

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ARTICLE

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Late adult presentation of ALCAPA syndrome: need for a new clinical classification? A case report and literature overview

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SAMPLE WORK

Background

specific background

knowledge gap

Here We Show

Results & Interpretation

Methodological

Implications

Anomalous origin of the left main coronary artery from the pulmonary artery (ALCAPA) is a rare congenital coronary anomaly. It typically presents in infancy with severe symptoms, and adult or late presentation is extremely uncommon. In adults, especially elderly patients, ALCAPA is rarely diagnosed because most cases present early in life or are asymptomatic due to the development of extensive collateral circulation.

Very few cases of ALCAPA diagnosed for the first time in elderly patients (septuagenarians or octogenarians) have been reported, and there is limited understanding of their long-term outcomes and optimal management strategy.

A 76-year-old patient with first-time diagnosis of ALCAPA identified during elective coronary angiography, who remained largely asymptomatic.

The case was evaluated during a Heart Team discussion. Since the patient had good collateral circulation and no symptoms, a conservative medical management approach was chosen instead of surgical intervention.

The patient remained stable and asymptomatic over a 3-year follow-up period with no cardiovascular complications, suggesting that selected elderly patients with well-developed collateral circulation may be safely managed conservatively.

This case highlights that ALCAPA can rarely present in advanced age with minimal symptoms. It suggests that individualized management based on symptoms, coronary anatomy, and collateral circulation is essential, and it raises the possibility that some elderly patients may not require surgical correction.

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