**Case Report** 

## **Incidental Dual LAD Discovered with Cardiovascular Imaging in a Former Athlete**

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The author describes the case of a 70-year-old man who took part in amateur marathons and triathlons. He underwent coronary computed tomography angiography (CCTA), followed by coronary angiography. This was the initial screening procedure for a patient presenting with several cardiovascular risk factors, including hypertension, dyslipidaemia, prediabetes, and a family history of coronary artery disease (CAD). His physical examination was unremarkable. The CCTA revealed moderate proximal left circumflex (LCx) fibrolipidic plaque with 60% stenosis, and incidentally showed dual left anterior descending arteries (LADs). This finding was confirmed by coronary angiography (figure 1). Dual LAD anatomy is a rare coronary artery anomaly characterised by the presence of two LADs in the anterior interventricular groove. Since this condition was first described almost three decades ago, multiple variants have been reported. Dual LAD anatomy, characterised by short and long LADs, is usually benign. CCTA is superior to conventional angiography in delineating the origin and course of the short and long LADs, making it the preferred investigative method. Failure to identify dual LAD anatomy can significantly impact the outcome of revascularisation procedures. Furthermore, a few malignant variants are associated with a higher risk of ischaemia and sudden cardiac death, so recognising these variants is important. A high level of suspicion and judicious use of CCTA will reveal more cases of dual LAD anatomy and its variants.

Conflict of interest.

The author declares no conflicts of interest regarding this manuscript

Figure 1: Both coronary computed tomography angiography (CCTA) and coronary angiography show findings of dual left anterior descending (LAD) arteries



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