Content available at: https://www.ipinnovative.com/open-access-journals

#### Panacea Journal of Medical Sciences

Journal homepage: https://pjms.in/



### **Original Research Article**

# Angiographic evaluation of dominance pattern of coronary arteries

# Abdur Rafe Abdul Waheed<sup>1</sup>\*\*<sub>0</sub>, Shaikh Sanobar Ismatullah<sup>2</sup>

<sup>1</sup>Dept. of Anatomy, Government Medical College, Jalgaon, Maharashtra, India

<sup>2</sup>Dept. of Anatomy, ASPL's CSMSS Medical College, Limbejalgaon, Ch. Sambhajinagar, Maharashtra, India

#### Abstract

**Background:** The right and left coronary arteries supply blood to heart. The artery which gives off posterior interventricular branch is called as the dominant artery. Angiography is an important invasive procedure through which anatomy of coronary arteries can be studied.

**Materials and Methods:** Inclusion criteria: A consecutive series of 350 adult patients having mean age range between 40-60 years referred to the Cardiovascular and Thoracic Surgery Centre, Chhatrapati Sambhajinagar (Aurangabad). Exclusion criteria: Known or diagnosed cases of anomalous coronary arteries. Angiographic views: Left anterior oblique (LAO) for the right coronary artery whereas right anterior oblique (RAO) and left anterior oblique (LAO) for the left coronary artery.

Results: Right coronary artery dominant in 74% of cases, left coronary artery in 16.86% of cases and a co-dominant pattern in 9.14% of cases.

Conclusions: Findings of this study in accordance with that of many other studies and standard textbooks available on the subject.

Keywords: Coronary, Dominant, Angiography, Right anterior oblique, Left anterior oblique.

Received: 12-02-2024; Accepted: 08-07-2025; Available Online: 11-12-2025

This is an Open Access (OA) journal, and articles are distributed under the terms of the Creative Commons Attribution 4.0 International License which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprint@ipinnovative.com

### 1. Introduction

Coronary angiography is a technique in which a catheter is inserted into the femoral artery in the thigh and or radial artery in the forearm, progressed sequentially into the ascending aorta till the site of origin of coronary arteries, where the contrast agent is pushed and imaging done. Accurate identification of coronary arterial branches is important in the interpretation and description of coronary arteriograms, especially if therapeutic procedures are to be performed. The first selective coronary arteriography was done by Dr F Mason Sones in 1959. Schlesinger, as cited by Zahid Ali Kaimkhani, was the investigator who clearly described the criteria for arterial dominance. According to his criteria, an artery is designated as dominant if it gives off posterior descending artery (PDA) or is supplying the posterior part of interventricular septum and the crux of heart. Moreover, arteries are labelled as co-dominant if the posterior part of interventricular septum and the crux of heart is supplied by both the left and the right coronary arteries.<sup>2</sup>

According to Last's anatomy,<sup>3</sup> 10% hearts are left dominant and remaining 90% are right dominant. As per Gray's anatomy<sup>4</sup> 60% hearts are right dominant. Snell's anatomy<sup>5</sup> states that majority of the individuals, about 90%, are right dominant since the posterior interventricular artery is a branch of the right coronary artery and 10% of the individuals in whom the circumflex artery gives off the posterior interventricular artery as its branch are left dominant. Knowing the pattern of dominance of the arteries supplying blood to heart is crucial not only because a relationship is defined between the coronary dominance pattern and the diameters of circumflex and right coronary arteries but also due to an association which exists between the left coronary artery dominance and congenital bicuspid aortic valves.<sup>6</sup>

# 2. Materials and Methods

The study was conducted in Anatomy department of Government Medical College, Aurangabad (Now Ch. Sambhajinagar). A consecutive series of 350 adult patients having mean age range between 40-60 years referred to the

\*Corresponding author: Abdur Rafe Abdul Waheed Email: abdurrafe@ymail.com

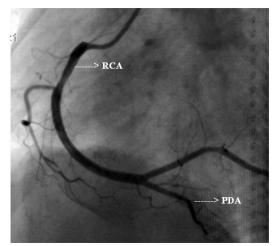
Cardiovascular and Thoracic Surgery Centre, Ch. Sambhajinagar (Aurangabad) were included. Excluded from the study were patients known to be having anomalous coronary arteries. Approval from the ethical committee of the above mentioned institute was obtained. The parameters selected for the study included.

- 1. Coronary artery dominance pattern
- 2. Sex differences, if any, in the coronary artery dominance pattern

The data obtained from the angiographic procedure of the patients was analysed for the above parameters, charted, compared and contrasted with that given in literature and other studies.

## 2.1. Dominance pattern of the coronary arteries

The coronary arteries can show a right dominant, a left dominant or a co dominant pattern. The criteria defined by Schlesinger was used for labelling the dominant artery. According to that criteria, as stated above, an artery is designated as dominant if it gives off posterior descending artery (PDA) or is supplying the posterior part of interventricular septum and the crux of heart and as codominant if the posterior part of interventricular septum and the crux of heart is supplied by both the left and the right coronary arteries. For the RCA the LAO view was analysed and for the LCA the RAO and LAO views were analysed.(Figure 1)



**Figure 1:** LAO view showing PDA arising from the RCA (The right dominant pattern)

## 3. Result

Of the 350 patients, 259(74%) patients showed right coronary dominance with 80.30% of them male and 19.69% female. By contrast 59(16.86%) patients had left coronary dominance of which 81.36% were male and 18.64% female. Moreover, 32 (9.14%) patients had co-dominance (balanced circulation), with 81.25% male and 18.75% female. (**Table 1**)

**Table 1:** Pattern of coronary arterial dominance

	Dominant	Male	Female n	
	Pattern	n=(282)	= (68)	
	(n=350)			
	No (%)	No (%)	No (%)	
Right dominant	259(74)	208(80.30)	51(19.69)	
Left dominant	59(16.86)	48(81.36)	11(18.64)	
Co-dominant	32(9.14)	26(81.25)	6 (18.75)	

**Table 2** shows the correlation between sex and dominance pattern. 73.75% of males out of a total of 282 number of cases had right coronary dominance, 17.02% left coronary dominance and 9.21% co-dominance pattern. Whereas, 75% of females out of a total of 68 number of cases had right coronary dominance, 16.18% left coronary dominance and 8.82% co-dominance pattern.

Table 2: Pattern of dominance in relation to gender

	Pattern	Male	Female
(n=350)		$\mathbf{n} = (282)$	n = (68)
Right dominant		73.75%	75%
Left dominant		17.02%	16.18%
Co-dominant		9.21%	8.82%

#### 4. Discussion

Various research enthusiasts have extensively studied the branching pattern and distribution of coronary arteries till date. This study too is a tiny star in the galaxy of research activities on this subject to help the clinical fraternity in appropriately interpreting their findings and thereby taking better therapeutic decisions. <sup>13-15</sup>

# 4.1. Dominance pattern of the coronary arteries

In this study 74% of cases were right dominant, 16.86% left dominant and 9.14% co-dominant. Thus a constant pattern of arterial dominance comparable with that given in literature was observed. Similarly, no sex difference was noted in coronary dominance pattern which is in agreement with other published reports.

The criteria introduced by the outstanding work of Schlesinger et al for the determination of coronary arterial dominance have been used in a variety of studies (and also in this study).

According to Last's anatomy<sup>3</sup>, 10% hearts are left dominant and remaining 90% are right dominant while as per Snell's anatomy<sup>5</sup> right coronary artery dominance is present in most individuals (90%). Gray's anatomy<sup>4</sup>, however, noted that 60% hearts are right dominant. Table 3 shows the comparison of dominance pattern of coronary arteries found in the present study with that of other studies.

Moore 1930, cited by Chaudhry, was first to observe in dog hearts followed by Gross and Kugel in human hearts in 1933 that (as against the anatomical dominance) the LCA is

the dominant artery functionally (based on perfusion studies) since a greater part of left ventricle is supplied blood by it.<sup>2</sup>

**Table 3:** Comparison of coronary arterial dominance pattern

	Right	Left	Со-
	dominant	dominant	dominant
Present study	74%	16.86%	9.14%
Hutchins et al <sup>6</sup>	70%	10%	20%
Kim Seong	73.5%	16.3%	10.2%
Hwan <sup>7</sup>			
Murphy et al <sup>8</sup>	79%	9%	12%
Kalpana R <sup>9</sup>	89%	11%	
Marwa Tharwat	63.02%	25.57%	11.39%
& Co <sup>10</sup>			
Cihan Altin &	81.06%	12.20%	6.20%
Co <sup>11</sup>			
Kronzon et al <sup>12</sup>	87%	10%	3%

## 5. Conclusion

This work entitled "Angiographic Evaluation of Dominance Pattern of Coronary Arteries" was carried out in the Department of Anatomy, Government Medical College, Ch. Sambhajinagar (Aurangabad). A consecutive series of 350 adult patients having mean age range between 40-60 years and referred to the Cardiovascular and Thoracic Surgery Center of the said institute for coronary angiography were included in the study. The data obtained was evaluated to find out the coronary arterial dominance pattern.

In this study, the right coronary artery was found to be dominant in 74% of cases, the left coronary artery in 16.86% of cases and both the right and left coronary arteries (a codominant pattern) in 9.14% cases. Findings were very much in accordance with other published reports, studies and standard textbooks. Knowing the coronary artery dominance pattern is of paramount importance to the clinicians since the dominance pattern is related with the diameters of right coronary and left circumflex arteries thereby helping them during coronary artery bypass graft and percutaneous coronary angioplasty procedures.

# 6. List of Abbreviations

LAO – Left anterior oblique; RAO – Right anterior oblique; CASS – Coronary artery surgery study.

# 7. Source of Funding

None.

## 8. Conflict of Interest

None.

#### References

- Proudfit WL. This week's citation classic. Circulation. 1966; 33:901-10.
- Zahid Ali Kaimkhani. Pattern of coronary arterial distribution and its relation to coronary artery diameter. J Ayub Med Coll Abbottabad. 2005;17(1);40–3.
- Sinnatamby CS. Last's anatomy, Regional and Applied 11th Edition, Elsevier Churchill Livingstone, 2006:211.
- Standring S. The anatomical basis of clinical practice 40th Edition, Philadelphia: Elseveir Churchill Livingstone, 2008:978–80.
- Snell RS. Clinical anatomy by regions, 8th edition, Wolters Kluver, Lippincot Williams and Wilkins, 2008:113–4.
- Hutchins GM, Nazarian IH, Bulkley BH. Association of left dominant coronary arterial system with congenital bicuspid aortic valve. Am J Cardiol. 1978l;42(1):57–9. http://doi.org/10.1016/0002-9149(78)90985-2.
- Kim SH, Kim JW, Rha SW, Park CG, Seo HS, Oh DJ. The influence of coronary dominance on coronary atherosclerosis and distribution of coronary artery disease in Korea. *Korean Circ J.* 2006;36(1):46-52. https://doi.org/10.4070/kcj.2006.36.1.46
- Murphy ES. Frequency and significance of coronary arterial dominance in isolated aortic stenosis. Am J Cardiol. 1977;39(4):505–9. http://doi.org/10.1016/s0002-9149(77)80158-6.
- Kalpana R. A study on principal branches of coronary arteries in humans. J Anat Soc India. 2003;52(2):137–40.
- Tharwat M, Ashtokhy MAE, Mahfouz RA, Ibrahim AA. Angiographic study of anatomical variations of coronary arteries by using diagnostic catheter. *ZUMJ*. 2014;20(6):826–34.
- Altin C, Kanyilmaz S, Koc S, Gursoy YC, Bal U, Aydinalp A, et al. Coronary anatomy, anatomic variations and anomalies: a retrospective coronary angiography study. *Singapore Med J*. 2015;56(6):339–45. http://doi.org/10.11622/smedj.2014193.
- Kronzon I, Deutsch P, Glassman E. Length of the left main coronary artery: its relation to the pattern of coronary arterial distribution. Am J Cardiol. 1974;34(7):787–9. http://doi.org/10.1016/0002-9149(74)90697-3.
- Hasanovic A, Buturovic B. Angiographic evaluation of the dominance patterns of coronary circulation. *Healthmed*. 2012;6(6):2229–33
- Baldan BU, Hegeman RRMJJ, Bos NMJP, Smeenk HG, Klautz RJM, Klein P. Comparative Analysis of Therapeutic Strategies in Post-Cardiotomy Cardiogenic Shock: Insight into a High-Volume Cardiac Surgery Center. *J Clin Med*. 2024;13(7):2118. http://doi.org/10.3390/jcm13072118.
- Nagaraju GC, Kumar P. An explorative study to Assess The coronary arteries and its Branches. Int J Creative Res Thoughts (IJCRT). 2022;10(1):e602–8.

**Cite this article:** Waheed ARA, Ismatullah SS. Angiographic evaluation of dominance pattern of coronary arteries. *Panacea J Med Sci.* 2025;15(3):544-546.