

# **Chapter one**

## **Introduction**

# **Chapter two**

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# **Chapter three**

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## **Discussion, Conclusion and recommendation**

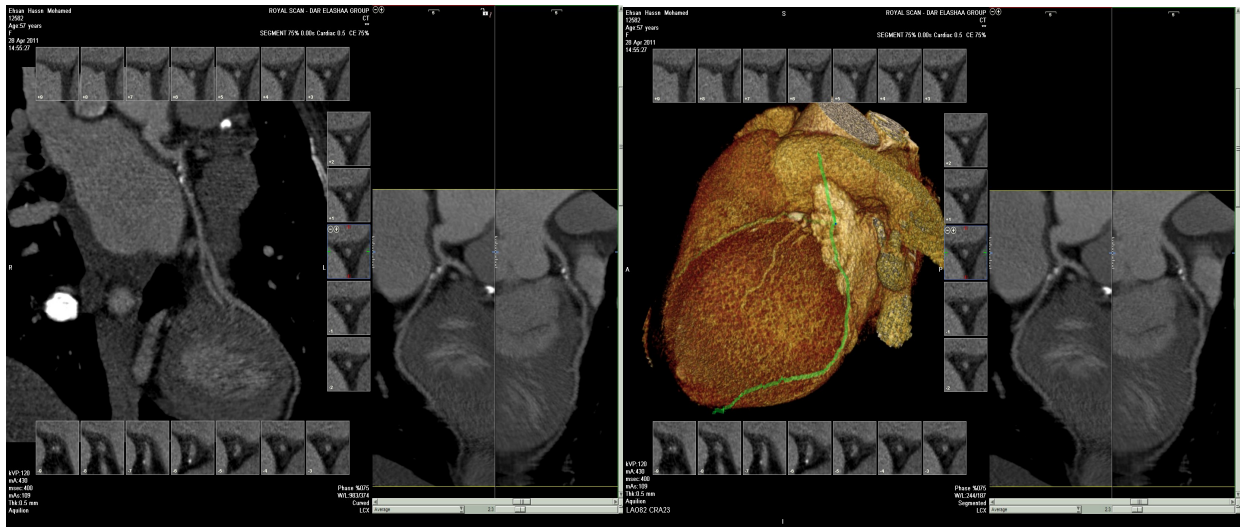
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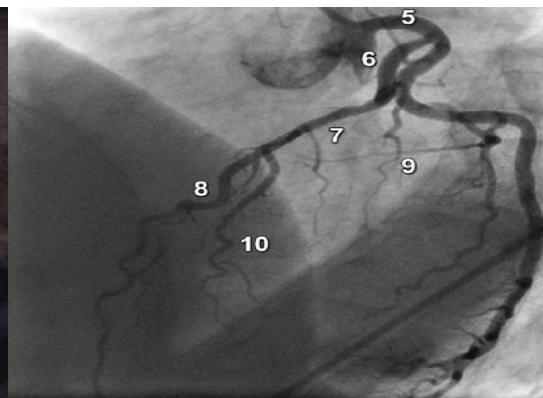
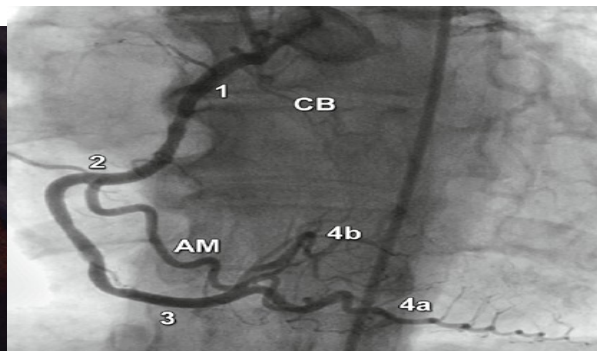
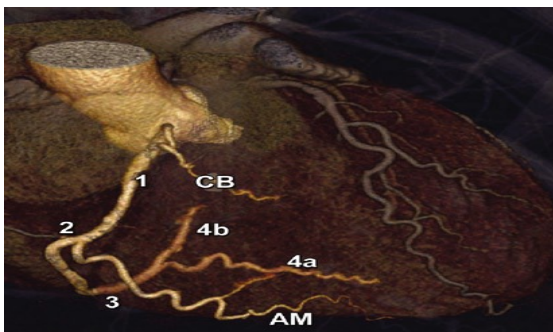
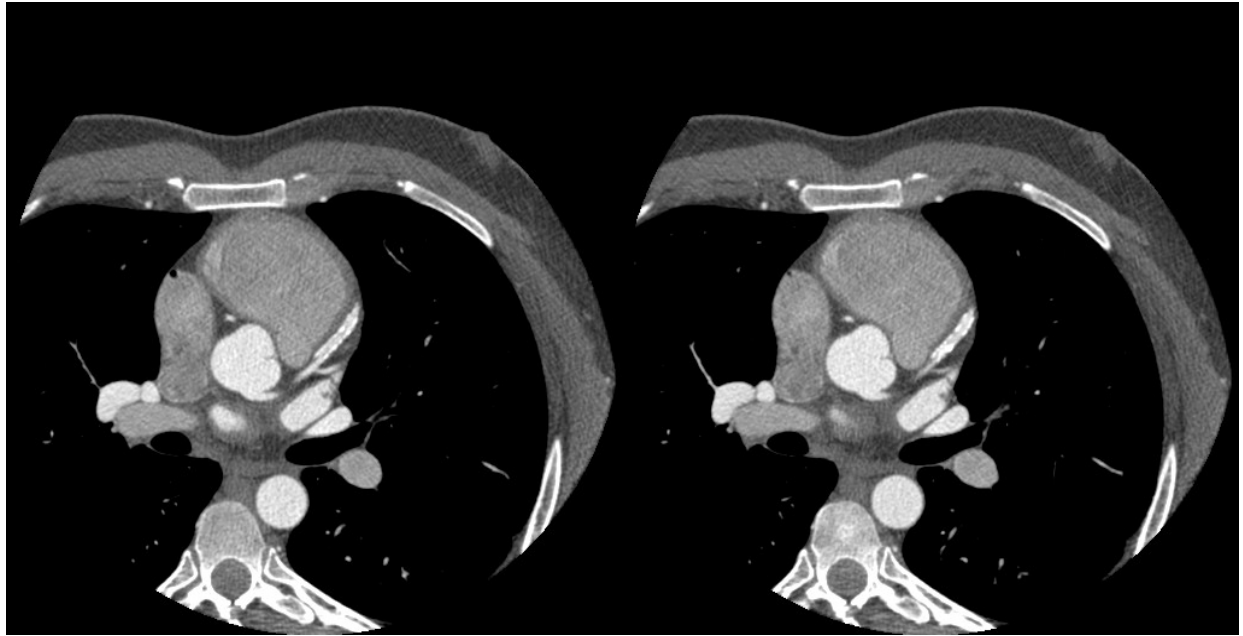
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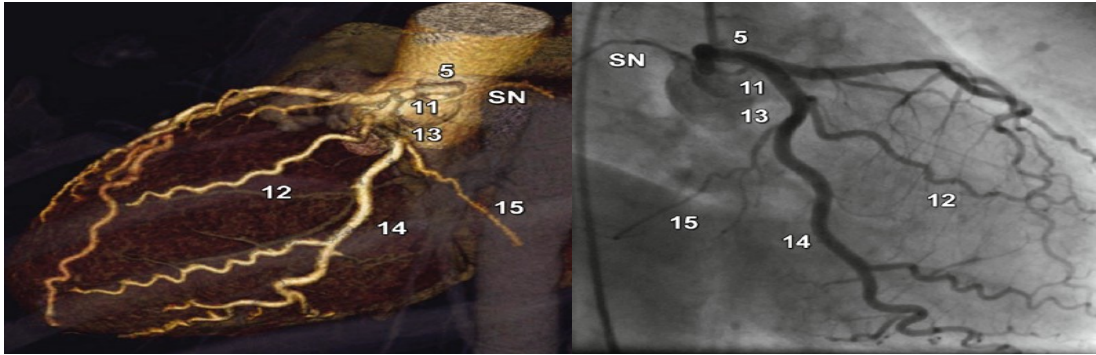
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# Appendix









Direct comparison of segmental coronary artery anatomy, as depicted by CT (*left panels*, three-dimensional reconstructions) and conventional coronary angiography (*right panels*). If an intermediate branch is present (about 30% of patients) this segmentation model consists of 17 segments. The RCA with its 5 segments is shown in **Panels A** and **B**, and the left coronary artery with its two main branches – the left anterior descending and the left circumflex – in **Panels C–F**. The RCA (**Panels A** and **B**) is composed of segments 1–4, with the distal segment (4) being further subdivided into 4a (posterior descending artery, PDA) and 4b (right posterolateral branch). The left main coronary artery (**Panels C–F**) is referred to as segment 5, and the left anterior descending coronary artery (**Panels C** and **D**) is composed of segments 6–10, with the two diagonal branches being segments 9 and 10. The LCX (**Panels E** and **F**) is composed of segments 11–15, with the two (obtuse) marginal branches being segments 12 and 14. Note that the distal left circumflex (segment 15) is rather small in this patient with a right-dominant coronary circulation. The sinus node artery (SN) is the first branch of the LCX in this patient (**Panels E** and **F**) but is more commonly one of the first branches of the RCA. *AM* acute marginal branch; *CB* conus branch.

**Table 3.1** gives an overview of all coronary artery segment numbers and names

