Coronary artery anomalies can reach easily nowadays elderly age,[1] causing troubles at both diagnostic and therapeutic levels. A 80-year-old hypertensive man underwent coronary artery angiography because of a doubtful ergometric test for atypical thoracic discomfort. The left main was absent in the left coronary sinus (Figure 1A). Selective right coronary artery (RCA) angiography showed a RCA which continued at level of the posterolateral branch with the left circumflex coronary artery (LCx) and retrogradely ended into a left anterior coronary artery (LAD) (Figure 1B and

![Image](http://www.jgc301.com; jgc@jgc301.com | Journal of Geriatric Cardiology)
IC). Left main was clearly agenetic (asterisc, Figure 1C & 1D), whereas LAD and LCx arose with the usual angle. A tight stenosis of the anatomical posteroleteral branch and a mild stenosis of middle LAD were also detected. While atretic left main and single coronary artery have been independently reported,[2-3] the combination of both anomalies represents an un-reported coronary arteries vascular pattern. Being the coronary tree a single continuous vessel in this patient, even a tight stenosis of a normally secondary branch as the posteroleratal branch deserves much more attention and prudence than what usually thought, due to the risk of global massive left ventricle ischemia.

References