A 78-year-old woman was admitted with chest pain. Coronary angiography revealed a normal right coronary artery. The left coronary artery (LCA) could not be intubated and was not possible to demonstrate on right coronary angiography or root aortography. On electrocardiography-gated 64-slice computed tomography coronary angiography, there was neither coronary artery nor any dimpling originating from the left sinus of Valsalva. The LCA (arrows) was arising from the right innominate artery (IA), going along with the ascending aorta (AA), eventually reaching its normal position (A to C, Online Video). The Online Video of axial computed tomography images reveals the entire course of the anomalous artery. On second coronary angiography, the anomalous origin of the LCA from the IA was confirmed (D). This patient had no history of previous thoracic surgery.

Anomalous coronary artery almost exclusively originates from an inappropriate aortic sinus of Valsalva or pulmonary artery. In the patient with aortic atresia, the diminutive ascending aorta seemingly terminates in the coronary artery, being misjudged as a tributary of the IA (1). To the best of our knowledge, there has been no report of this anomaly in the absence of aortic atresia.

**REFERENCE**