The following abstract will be presented at the Southern Medical Association Annual Scientific Assembly, October 30-November 1, 2014 in Destin, Florida.

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**Objectives**
Upon completion of the lecture, attendees should be better prepared to:

1. Understand cardiac tumors and their significance.
2. Associate anomalous coronary artery with other cardiac structural abnormality.
3. Understand the significance and management of malignant anomalous coronary artery.

**Introduction**: The primary cardiac tumors are extremely rare tumors that arise from the normal tissues that make up the heart. Those tumors can be divided into benign, mostly myxoma or malignant tumors. Fibroelastoma are rare benign tumors of the endocardium. They are usually left sided, with few cases reported of pulmonary valve papillary fibroelastoma. No case of fibroelastoma and anomalous coronary artery.

**Case Presentation**: 61 year old female with past medical history of diabetes mellitus was complaining of chronic stable angina. Admitted after an outpatient positive treadmill EKG test (ST segment depression inferirolaterally).

**Final/Working Diagnosis**: Left heart cath demonstrated angiographically normal coronaries with an anomalous left main coronary artery originating from the right coronary cusp with no significant disease.

**Management**: CT angiogram similarly demonstrated an anomalous origin of the left main coronary artery from a common ostium with the right coronary artery originating from the right sinus of Valsalva. The left main coronary courses between the aorta and right pulmonary outflow tract consistent with an intra-arterial course. Echo showed an incidental finding of a mobile structure attached to the pulmonic valve, 0.7x0.7 cm in size, whose appearance was consistent with papillary fibroelastoma. Cardio-Thoracic surgery was consulted for patient continuous angina symptoms not responsive to medical therapy and the above coronary artery findings, it was believed that she would not benefit from relocation of the left main coronary artery due to the common ostia with the right and its intra-arterial course. Patient had 2 vessel coronary artery revascularization (LIMA to LAD, reverse saphenous vein graft to ramus with endoscopic vein harvest and excision of pulmonary valve mass). The pathology report confirmed the diagnosis of papillary fibroelastoma.

**Disclosure**
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