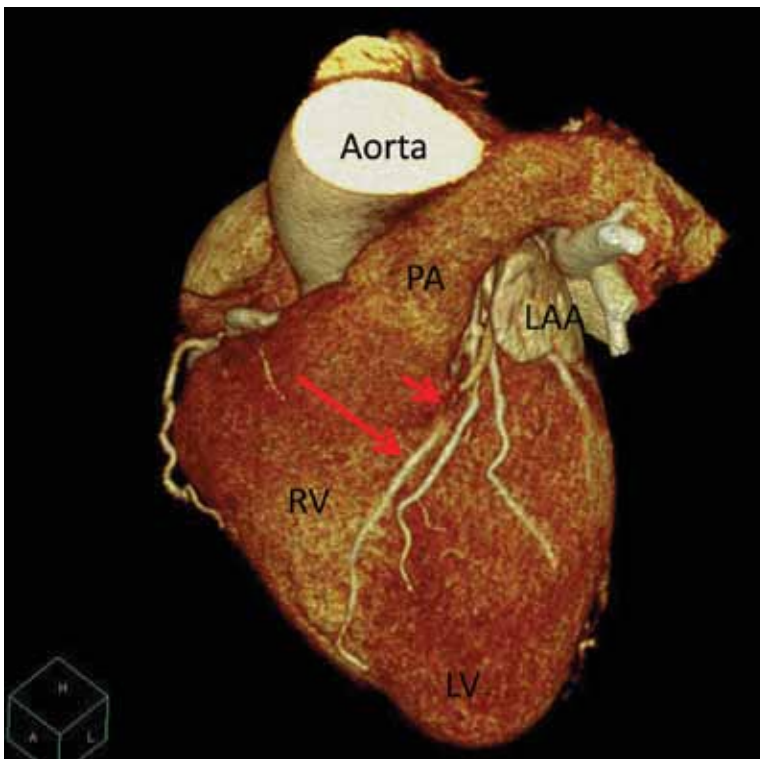


**Coronary CTA** was performed in a 50-year-old male with exertional chest pain using a 64 slices multidetectors CT scanner. Multiplanar reformation image of LAD show absence of significant plaques or stenosis. The proximal LAD (p LAD) runs its normal course after left main coronary artery (LM). The mid LAD starts “entering” into LV anterior wall (LV AW) (short arrow) before completely submerges (long arrow) into the myocardium (\*). This finding is diagnostic of complete myocardial bridge which could explain the symptom due to coronary compression during systole.

Image courtesy of Su Min Chang, M.D..



**The 3-D volume rendering** of the heart shows that a significant segment mid LAD is “missing” in the interventricular groove (short arrow). It later emerges back to the epicardial space (long arrow).

Image courtesy of Su Min Chang, M.D.