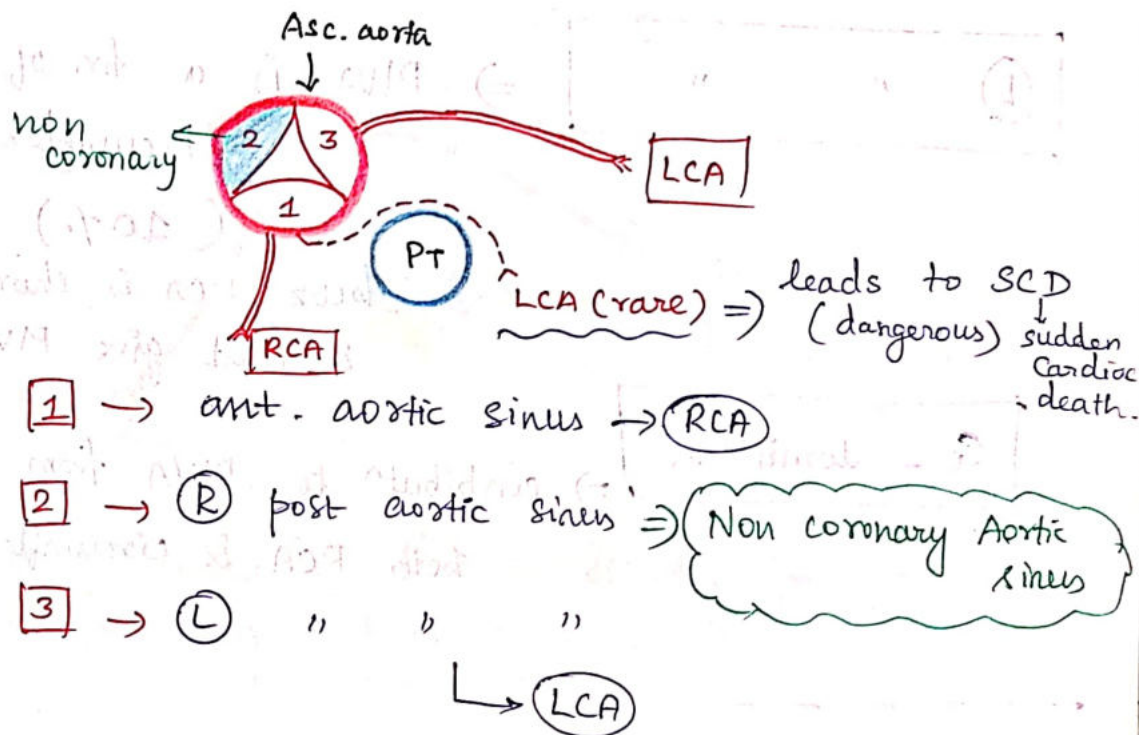
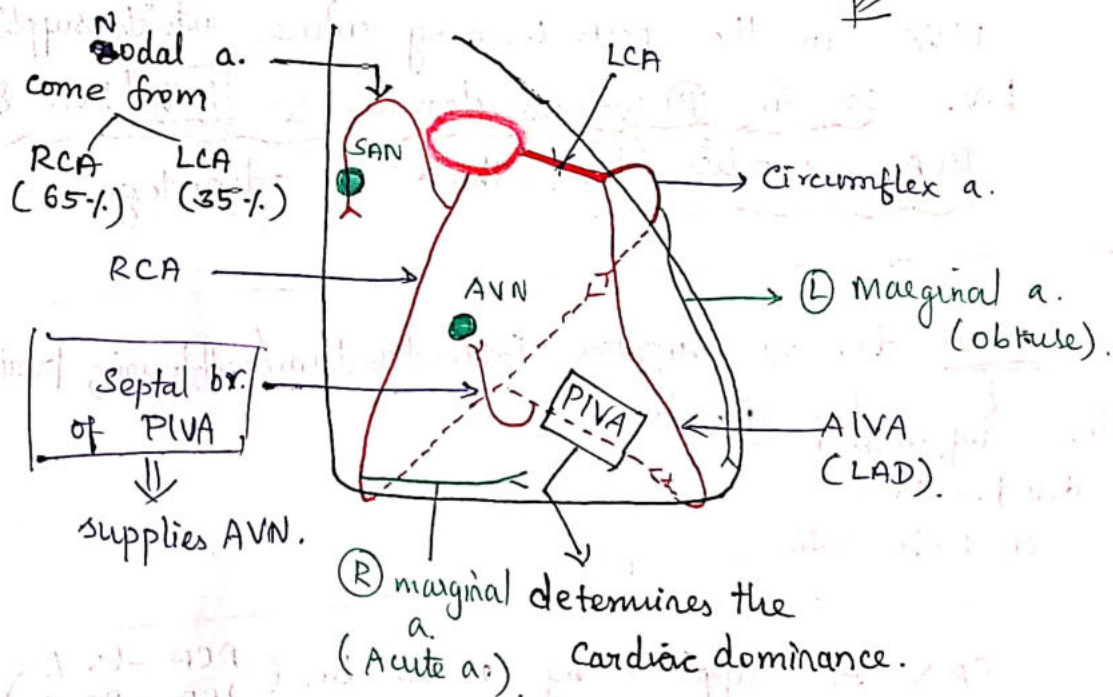




RCA & LCA

Right Cardiac dominance.



LAD > PIVA > Circumflex (Prone for thrombosis)

(L)

"

"

⇒ PIVA is a br. of Circumflex a. (40%)

bcoz RCA is shorter & can't give PIVA.

C₀ - dominance

⇒ contribute to PIVA from both RCA & circumflex a.

(R) cardiac dominance is good why?

* most imp. of chamber of Heart ⇒ L.V., so ^{even} if LCA is thrombosed then RCA which gives a br. ~~to~~ called PIVA in the post. coronary sulcus. which supplies L.V. so in (R) cardiac dominance both LCA & RCA supplies LV That's an advantage.

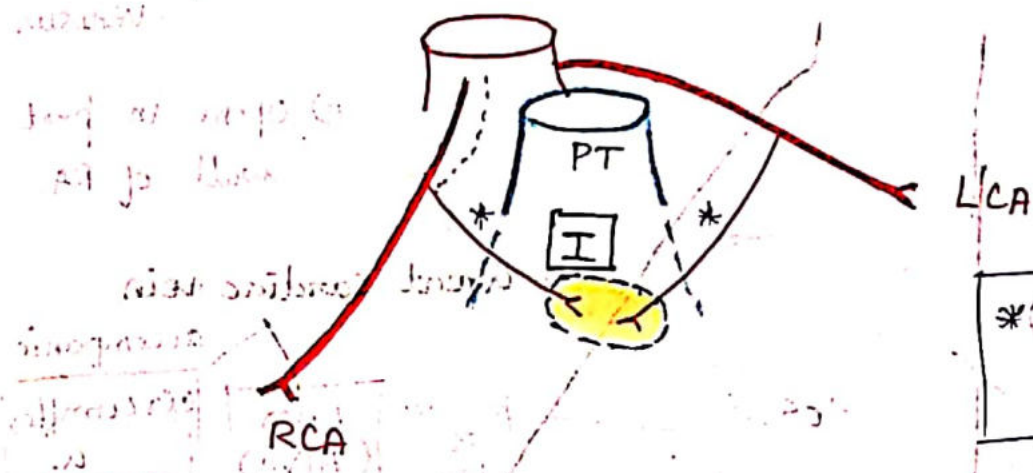
conus br. ⇒ supplies infundibulum/outflowing part
↓
bcoz infundib. of (R) ventricle is dev. from conus of Bulbus cordis.

SAN ⇒ supplied by nodal br. (RCA - 65%
LCA - 35%)

AVN ⇒ supplied by PIVA

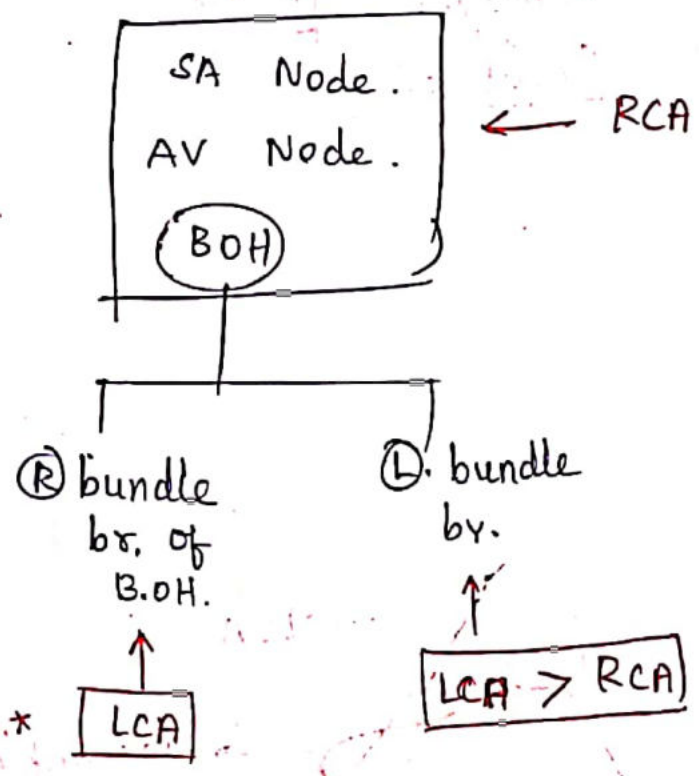
→ septal br.

formed by Conus br. of RCA & LCA in front of (I.)



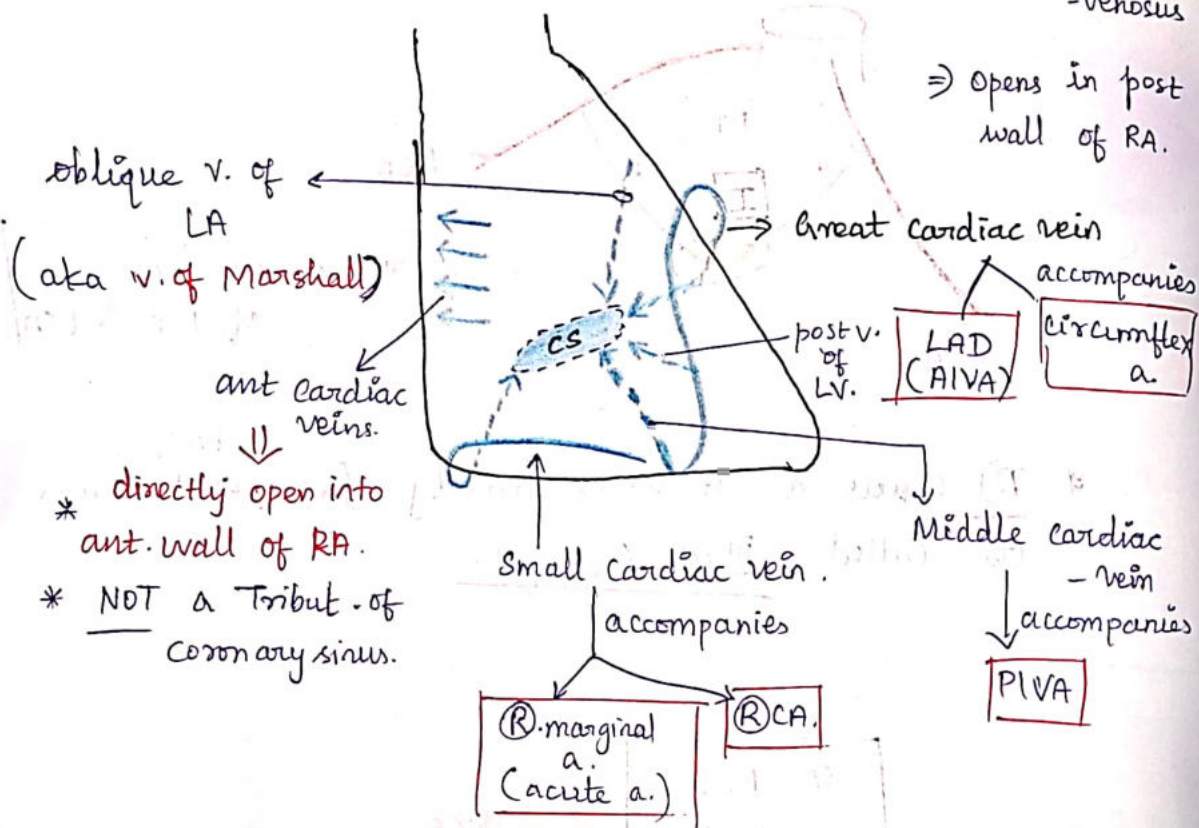
* - conus br. of RCA & LCA.

* (R) conus a. if arises directly from ^{anterior.} aortic sinus
Its called IIIrd conus a.

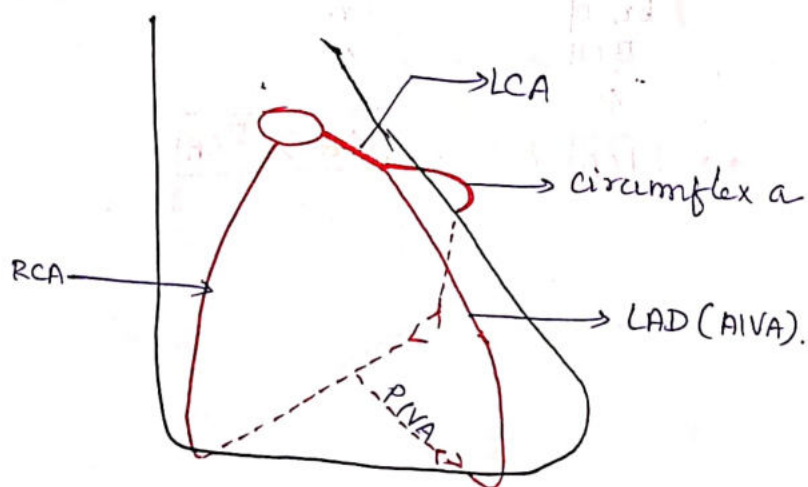


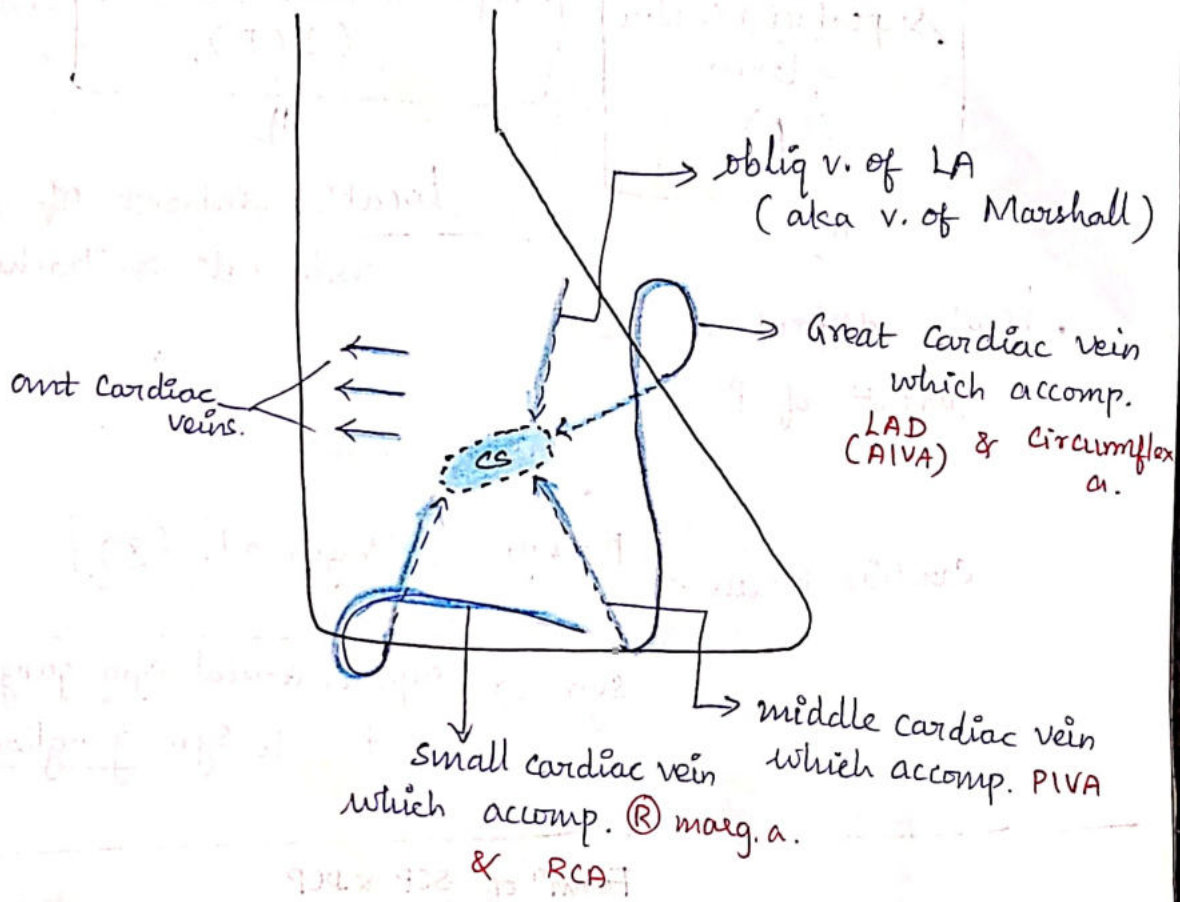
⇒ Remnant of
LH of sinus
-venosus

⇒ opens in post
wall of RA.

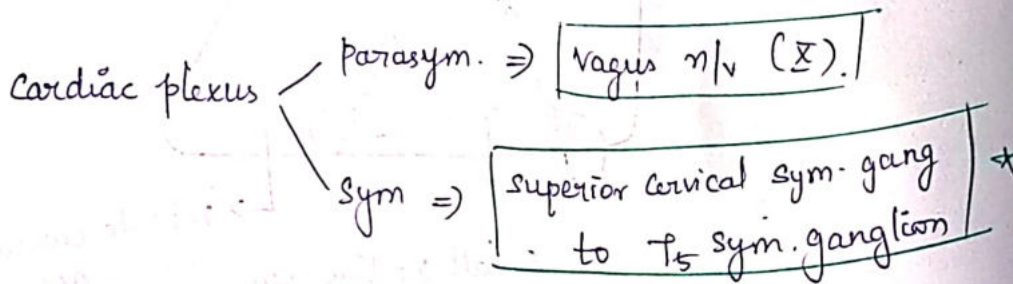
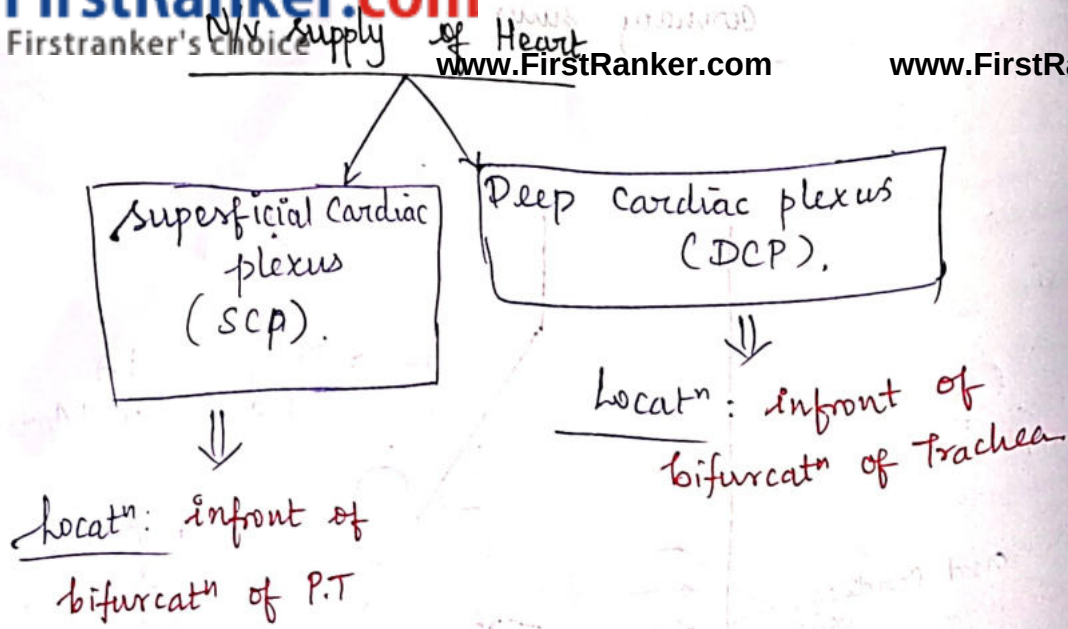


Summary:





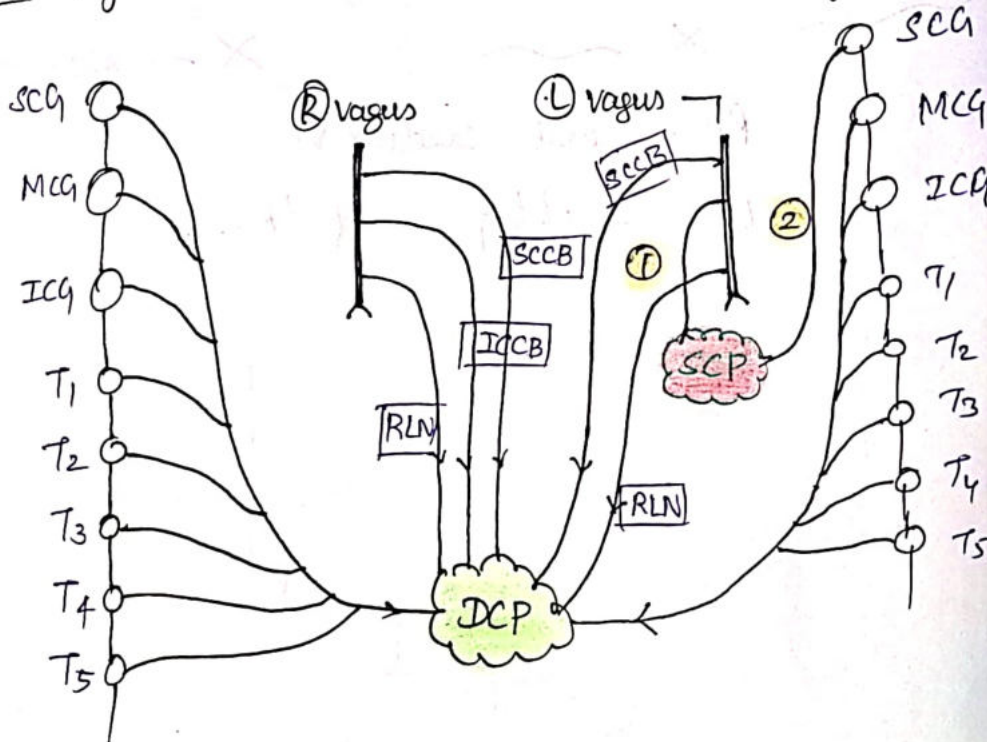
RA - ant cardiac v.
LA - obliq v. of LA.



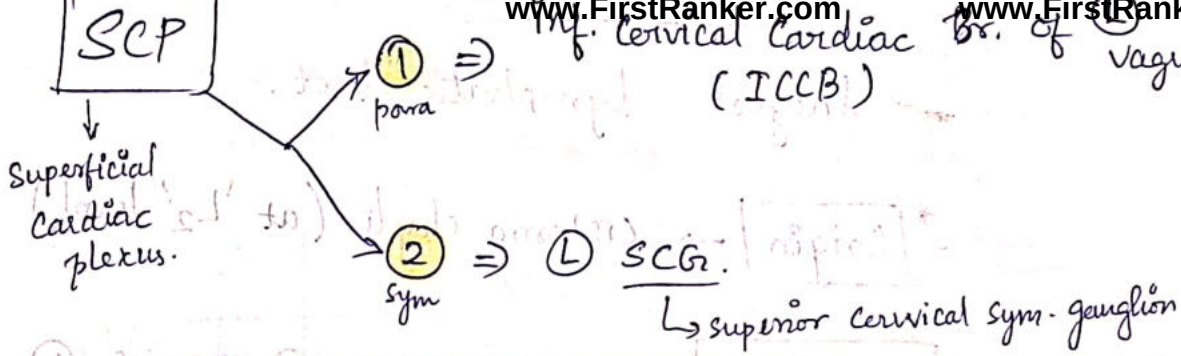
Formⁿ of SCP & DCP

[R] sym chain

[L] sym chain

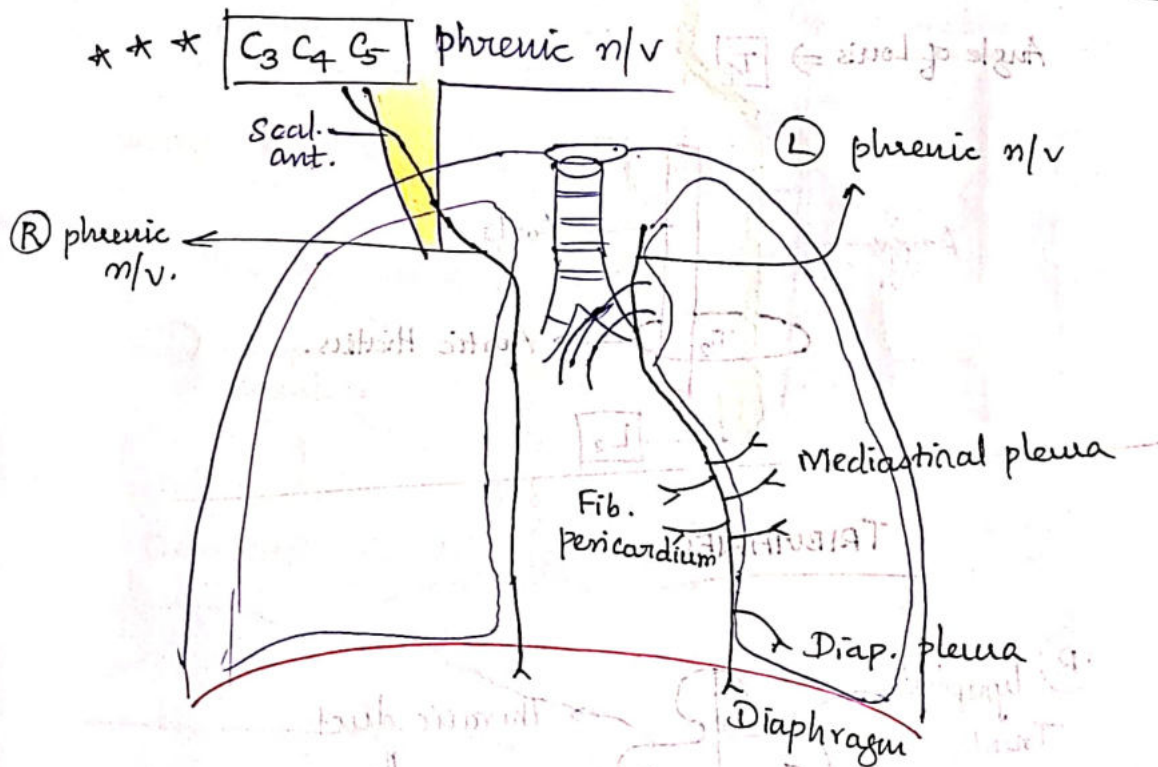


Trick: Remember SCP (superf. cardiac plex) Remaining all n/v



pain due to Ischaemia/Angina pectoris.

carried by T₁-T₅ splanchnic n/v.



① phrenic n/v > ② phrenic n/v (length)
(bcoz of obliq. course due to ① border of Heart).