# The Study of Association Between Handedness, Coronary Dominance and Severity of Lesions in Coronary Artery Branches

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### Abstract

**Objective:** To determine the association between handedness, coronary dominance and severity of lesions in coronary artery branches. **Methods:** A total of 96 patients (64 male and 32 female) with an ages between (25-76) years old, ages range (51) and age mean  $\pm$  SD (57.4063 $\pm$  8.84793) were diagnosed with ischemic heart diseases a proved by coronary angiography, 32 patients presented with family history to ischemic heart diseases and 64 patients without family history to ischemic heart diseases. **Results:** The current results showed significance between handedness and coronary dominance (<0.001) and handedness with lesion and severity in left anterior descending, right coronary dominance, left circumflex, and left main stem. Otherwise the family history and sex and coronary dominance (<0.001). **Conclusion:** The study proved the presence of a relationship between handedness and coronary dominance; moreover we suggested there are relations between right handed and right coronary dominance with focal mid lesion in left anterior descending and right coronary. **Keywords:** Handedness, Coronary dominance, Coronary angiography

INTRODUCTION

In 1904, Banchi was described the coronary circulation (GAWLIKOWSKA-SROKA et al. 2010). There are 3 types of circulation dominance: right, left, and balanced. When the arteries supplying the posterior interventricular septum originate from posterior descending artery and posterior lateral right coronary artery, it is called "right dominant (RD)" circulation. The dominance of right circulation is common in about 87-89% of the general population. The term "left dominance (LD)" refers to origination of the arteries supplying the posterior interventricular septum from left circumflex artery (LCX). The rate of the dominance of left circulation for the general population is about 7-8%. In co-dominance (balanced) circulation, however, the branches that run to the interventricular septum originate both from the RCA and LCX. The rate of co-dominance in the general population is around 4% (Gorlin 1976). The impact of association between coronary dominance and cardiac diseases, arteries lesions mentioned previously (LAM et al. 2015; MORRIS et al. 2010). Furthermore, handedness is a characteristic human trait. Even in our closest genetic relatives hand preference is not pronounced (SZAFLARSKI et al. 2012). The aims of the study are to determine the association between coronary dominancy and handedness in unique and novel study among Iraqi population, sex and coronary dominancy, sex and coronary artery and its branches lesions, family history of ischemic heart disease and coronary dominancy, family history and coronary artery and its branches lesions, coronary dominancy and coronary artery and its branches lesions.

### PATIENT AND METHOD

### **Cases selection**

A total of 96 patients (64 male and 32 female) with an ages between (25-76) years old, ages range (51) and age mean  $\pm$  SD (57.4063 $\pm$  8.84793) were diagnosed with ischemic heart diseases a proved by coronary angiography, 32 patients presented with family history to ischemic heart diseases and 64 patients without family history to ischemic heart diseases were enrolled from the November 2016 till January 2017 included in our study and recruited at Iraqi center for heart diseases, medical city, Baghdad, Iraq. The Ethics Committees of participating and Iraqi center for heart diseases approved the study, and informed consent was obtained from all participants

## Coronary angiography

All the patients underwent angiography study, the patients admitted to the ward for a few hours beforehand to check out general health of patients and to prepare them for the angiogram, the warfarin that taking usually by some patients is already stopped previously, the procedure traditionally done by injecting a radio-opaque contrast agent into the blood vessel and imaging using X-ray based techniques.

#### **Statistical Analysis**

Statistical analysis done by using statistical package for social studies (SPSS 22). Associations between different variables were measured by using the Pearson Chi-Square test. P value of <0.05 considered as level of statistically significance, Odds ratio and 95% confidence interval (95% CIs) were calculated for different studied parameters. The confidence interval (CI) at 95% was used to describe the amount of uncertainty associated with

the samples.

#### RESULTS

Table 1: s	hown the relationship between the	e sex and coron	ary artery o	lominancy			
-		Coronary do	minancy			95% Confide	ence Interval
	Sex	Right	Left	Total	<i>p</i> value	Lower Bound	Upper Bound
Male	Count	60	4	64	< 0.001	(0.001-0	.002)
	% within sex	93.8%	6.3%	100.0%			
	% within coronary dominancy	69.0%	44.4%	66.0%			
	% of Total	61.9%	4.1%	66.0%			
Female	Count	27	5	32			
	% within sex	84.4%	15.6%	100.0%			
	% within coronary dominancy	31.0%	55.6%	33.0%			
	% of Total	27.8%	5.2%	33.0%			
Total	Count	87	9	96			
	% within sex	89.7%	9.3%	100.0%			
	% within coronary dominancy	100.0%	100.0%	100.0%			
	% of Total	89.7%	9.3%	100.0%			

Our results revealed significance difference among sex group correlated with coronary dominancy ((P <0.001) according to statistical analysis as shown in the table 1, (60 male with right coronary dominant and 4 male with left coronary dominant, while 27 female with right coronary dominant and 5 female with left coronary dominant).

Significance at < 0.05

Table 2:	shown the relatio	nship bet	tween the	sex and sit	es, severity	of lesion in left m	ain stem			
	Sex			left main s	stem (LMS)	)	Total	p	95% Cor Inte	
		Normal	Focal mid	Focal distal	Focal ostial	Focal distal bifurcation		value	Lower Bound	Upper Bound
Male	Count	56	2	4	1	1	64	< 0.001	(0. 025-	0.031)
	% within sex	87.5%	3.1%	6.3%	1.6%	1.6%	100.0%			
	% within left main stem	65.1%	66.7%	80.0%	100.0%	100.0%	66.0%			
	% of Total	57.7%	2.1%	4.1%	1.0%	1.0%	66.0%			
Female	Count	30	1	1	0	0	32			
	% within sex	93.8%	3.1%	3.1%	.0%	.0%	100.0%			
	% within left main stem	34.9%	33.3%	20.0%	.0%	.0%	33.0%			
	% of Total	30.9%	1.0%	1.0%	.0%	.0%	33.0%			
Total	Count	86	3	5	1	1	96			
	% within sex	88.7%	3.1%	5.2%	1.0%	1.0%	100.0%			
	% within left main stem	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
	% of Total	88.7%	3.1%	5.2%	1.0%	1.0%	100.0%			

Significance at <0.05

On the other hand the statistical interpretation shown strong difference between sex group and sites, severity of lesion in left main stem (P < 0.001) as shown in the table 2, (56 male was normal, 2 male with focal mid, 4 male with focal distal, 1 male with focal ostial and 1 male with focal distal bifurcation, respectively, while 30 female was normal, 1 female with focal mid, 1 female with focal distal, 0 female with focal ostial and 0 female with focal distal bifurcation respectively).

On the other hand the statistical analysis shown significance difference between sex group and sites,

severity of lesion in left circumflex (P < 0.001) as shown in the table 3, (47 male was normal, 4 male with focal mid, 6 male with focal distal, 3 male with focal proximal, 1 male with diffuse mid bifurcation, 1 male focal proximal rimas intermediate, 0 male diffuse proximal, I male total mid and 1 male with total distal), while (23 female was normal, 1 female with focal mid, 3 female with focal distal, 4 female with focal proximal, 0 female with diffuse mid bifurcation, 0 female focal proximal rimas intermediate, 1 female diffuse proximal, 0 female total mid and 0 female with total distal, respectively).

Table 3	: shown the	relations	hip betw	een the se	ex and site	es, severity c	of lesion in lef	t circumfle	ex					
S	ex				le	ft circumflex	a (LCX)				Total	p value	Confi	5% dence rval
		Normal	Focal mid	Focal distal	Focal proximal	Diffuse mid bifurcation	Focal proximal rimas intermediate	Diffuse proximal	Total mid	Total distal				Upper Bound
Male	Count	47	4	6	3	1	1	0	1	1	64			
	% within sex	73.4%	6.3%	9.4%	4.7%	1.6%	1.6%	.0%	1.6%	1.6%	100.0%	<0.001	(0.042-	-0.050)
	% within left circumflex	67.1%	80.0%	66.7%	42.9%	100.0%	100.0%	.0%	100.0%	100.0%	66.0%			
	% of Total	48.5%	4.1%	6.2%	3.1%	1.0%	1.0%	.0%	1.0%	1.0%	66.0%			
Female	Count	23	1	3	4	0	0	1	0	0	32			
	% within sex	71.9%	3.1%	9.4%	12.5%	.0%	.0%	3.1%	.0%	.0%	100.0%			
	% within left circumflex	32.9%	20.0%	33.3%	57.1%	.0%	.0%	100.0%	.0%	.0%	33.0%			
	% of Total	23.7%	1.0%	3.1%	4.1%	.0%	.0%	1.0%	.0%	.0%	33.0%			
Total	Count	70	5	9	7	1	1	1	1	1	96			
	% within sex	72.2%	5.2%	9.3%	7.2%	1.0%	1.0%	1.0%	1.0%	1.0%	100.0%			
	% within left circumflex	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
	% of Total	72.2%	5.2%	9.3%	7.2%	1.0%	1.0%	1.0%	1.0%	1.0%	100.0%			

Significance at <0.05

The statistical analysis shown strong evidence between sex group and sites, severity of lesion in left anterior descending (P < 0.001) as shown in the table 4, (19 male was normal, 1 male with focal ostial, 1 male with diffuse mid long, 1 male with ostial dicanal 1, 2 male with focal proximal dicanal 1, 18 male with focal mid, 0 male with focal distal, 5 male with focal proximal, 1 male with diffuse mid bifurcation, 2 male with total proximal, 6 male with diffuse proximal, 4 male with total mid and 4 male with focal ostial dicanal 1), otherwise (15 male was normal, 0 male with focal ostial, 0 male with diffuse mid long, 0 male with ostial dicanal 1, 1 male with focal proximal dicanal 5, 2 male with focal mid, 3 male with focal distal, 1 male with diffuse proximal, 0 male with diffuse mid bifurcation, 3 male with total proximal, 2 male with diffuse proximal, 0 male with total mid and 32 male with focal ostial dicanal 1).

Se	x					Le	ft anter	ior deso	cending	(LAD)					Total	<i>p</i> value	Confi	5% denc rval
		Norm al	Focal ostial	Diffu se mid long		Focal proxim al dicanal 1	Focal mid	Focal distal		Diffuse mid bifurcati on	Total proxim al	Diffus e proxim al	Total mid	Focal ostial dican al 1			Low er Bou nd	Upp er Bou nd
Male	Count % within sex	19 29.7 %	1 1.6%	1 1.6%	1 1.6%	2 3.1%	18 28.1 %	0 .0%	5 7.8%	1 1.6%	2 3.1%	6 9.4%	4 6.3%	4 6.3%	64 100.0 %	<0.0 01	(001 0.020	
	% within Left anterior descendi ng	55.9 %	100.0 %	100.0 %	100.0 %	66.7%	78.3 %	.0%	62.5%	50.0%	100.0 %	66.7%	66.7 %	100.0 %	66.0 %			
	% of Total	19.6 %	1.0%	1.0%	1.0%	2.1%	18.6 %	.0%	5.2%	1.0%	2.1%	6.2%	4.1%	4.1%	66.0 %			
Fema	Count	15	0	0	0	1	5	2	3	1	0	3	2	0	32			
le	% within sex	46.9 %	.0%	.0%	.0%	3.1%	15.6 %	6.3%	9.4%	3.1%	.0%	9.4%	6.3%	.0%	100.0 %			
	% within Left anterior descendi ng	44.1 %	.0%	.0%	.0%	33.3%	21.7 %	100.0 %	37.5%	50.0%	.0%	33.3%	33.3 %	.0%	33.0 %			
	% of Total	15.5 %	.0%	.0%	.0%	1.0%	5.2%	2.1%	3.1%	1.0%	.0%	3.1%	2.1%	.0%	33.0 %			
Fotal	Count	34	1	1	1	3	23	2	8	2	2	9	6	4	96			
	% within sex	35.1 %	1.0%	1.0%	1.0%	3.1%	23.7 %	2.1%	8.2%	2.1%	2.1%	9.3%	6.2%	4.1%	100.0 %			
	% within Left anterior descendi ng	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0%	100.0 %	100.0 %	100.0 %		100.0 %			
	% of Total	35.1	1.0%	1.0%	1.0%	3.1%	23.7 %	2.1%	8.2%	2.1%	2.1%	9.3%	6.2%	4.1%	100.0			

	nown the relationship Sex	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
	Sex				Right coro	nary art	ery			Total	<i>p</i> value		
		Nomal	Focal	Focal	Focal	Focal	diffuse	Diffuse	Total			Inter	
			mid	distal	proximal	mid	distal	mid	mid			Lower Bound	Upper Bound
						RV	bifurcation					Domin	Domin
						branch							
Male	Count	36	13	3	1	1	1	7	2	64	<0.001		
	% within sex	56.3%	20.3%	4.7%	1.6%	1.6%	1.6%	10.9%	3.1%	100.0%		(0. 007-	0.011)
	% within right	60.0%	81.3%	100.0%	33.3%	100.0%	100.0%	77.8%	66.7%	66.0%			
	coronary												
	% of Total	37.1%	13.4%	3.1%	1.0%	1.0%	1.0%	7.2%	2.1%	66.0%			
Female	Count	24	3	0	2	0	0	2	1	32			
	% within sex	75.0%	9.4%	.0%	6.3%	.0%	.0%	6.3%	3.1%	100.0%			
	% within right	40.0%	18.8%	.0%	66.7%	.0%	.0%	22.2%	33.3%	33.0%			
	coronary												
	% of Total	24.7%	3.1%	.0%	2.1%	.0%	.0%	2.1%	1.0%	33.0%			
Total	Count	60	16	3	3	1	1	9	3	96			
	% within sex	61.9%	16.5%	3.1%	3.1%	1.0%	1.0%	9.3%	3.1%	100.0%			
	% within right coronary	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
	% of Total	61.9%	16.5%	3.1%	3.1%	1.0%	1.0%	9.3%	3.1%	100.0%			

On the other hand the statistical analysis shown significance difference between sex group and sites, severity of lesion in right coronary artery (P < 0.001) as shown in the table 5, (36 male was normal, 13 male with focal mid, 3 male with focal distal, 1 male with focal proximal, 1 male with diffuse distal bifurcation, 1 male focal mid RV branch, 7 male diffuse mid, and 2 male total mid), while (24 female was normal, 3 female with focal distal, 2 female with focal proximal, 0 female with diffuse distal bifurcation, 0 female focal mid RV branch, 2 female diffuse mid, and 1 female total mid).

According to role of the family history in the current study, our results revealed significance difference among family history correlated with coronary dominancy ((P < 0.001) according to statistical analysis as shown in the table 6, (28 persons with right coronary dominant and 4 persons with left coronary dominant were +ve to family history, while 59 persons with right coronary dominant and 5 persons with left coronary dominant were - ve to family history).

Table	6: shown the relationship betwee	en the family l	nistory and	d coronary	artery doi	ninancy	
-	Family history	Coronary do	minancy	Total	p value	95% Confid	ence Interval
		Right	Left			Lower Bound	Upper Bound
+ve	Count	28	4	32			
	% within family history	87.5%	12.5%	100.0%	< 0.001	(0.003	-0.006)
	% within coronary dominancy	32.2%	44.4%	33.0%			
	% of Total	28.9%	4.1%	33.0%			
-ve	Count	59	5	64			
	% within family history	92.2%	7.8%	100.0%			
	% within coronary dominancy	67.8%	55.6%	66.0%			
	% of Total	60.8%	5.2%	66.0%			
Total	Count	87	9	96			
	% within family history	89.7%	9.3%	100.0%			
	% within coronary dominancy	100.0%	100.0%	100.0%			
	% of Total	89.7%	9.3%	100.0%			

Significance at <0.05

Also the statistical interpretation shown strong difference between family history and sites, severity of

lesion in left main stem (P <0.001) as shown in the table 7, (27 persons was normal, 2 persons with focal mid, 2 persons with focal distal, 0 person with focal ostial and 1 person with focal distal bifurcation were +ve to family history, respectively, while 59 persons was normal, 1 person with focal mid, 3 persons with focal distal, 1 person with focal ostial and 0 person with focal distal bifurcation were -ve to family history respectively).

Tabl	e 7: shown the	relationsl	hip betwe	en the fam	ily history	and sites, severi	ty of les	ion in left	main sten	1
F	amily history			lef	t main ster	n (LMS)	Total	<i>p</i> value	95% Con Inte	
		Normal	Focal mid	Focal distal	Focal ostial	Focal distal bifurcation			Lower Bound	Upper Bound
+ve	Count	27	2	2	0	1	32	< 0.001	(0. 011-	0.015)
	% within family history	84.4%	6.3%	6.3%	.0%	3.1%	100.0%			
	% within left main stem	31.4%	66.7%	40.0%	.0%	100.0%	33.0%			
	% of Total	27.8%	2.1%	2.1%	.0%	1.0%	33.0%			
-ve	Count	59	1	3	1	0	64			
	% within family history	92.2%	1.6%	4.7%	1.6%	.0%	100.0%			
	% within left main stem	68.6%	33.3%	60.0%	100.0%	.0%	66.0%			
	% of Total	60.8%	1.0%	3.1%	1.0%	.0%	66.0%			
Total	Count	86	3	5	1	1	96			
	% within family history	88.7%	3.1%	5.2%	1.0%	1.0%	100.0%			
	% within left main stem	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
<u>C</u> ierre	% of Total	88.7%	3.1%	5.2%	1.0%	1.0%	100.0%			

Significance at <0.05

On the other hand the statistical analysis shown significance difference between family history and sites, severity of lesion in left circumflex (P < 0.001) as shown in the table 8, (21 persons was normal, 3 persons with focal mid, 3 persons with focal distal, 3 persons with focal proximal, 0 person with diffuse mid bifurcation, 1 person focal proximal rimas intermediate, 1 person diffuse proximal, 0 person total mid and 0 person with total distal were +ve to family history), while (49 persons was normal, 2 persons with focal mid, 6 persons with focal distal, 4 persons with focal proximal, 1 person with diffuse mid bifurcation, 0 person focal proximal rimas intermediate, 0 person diffuse proximal, 1 person total mid and 1 person with total distal were -ve to family history, respectively).



Table	e 8: shown th	ne relatio	nship bet	tween the	e family h	istory and s	ites, severity	of lesion	in left cir	cumflex				
Fan	nily history				lef	t circumflex	(LCX)				Total	p value	95% Co Inte	
		Normal	Focal mid	Focal distal	Focal proximal	Diffuse mid bifurcation	Focal proximal rimas intermediate	Diffuse proximal	Total mid	Total distal			Lower Bound	Upper Bound
+ve	Count % within family history	21 65.6%	3 9.4%	3 9.4%	3 9.4%	0 .0%	1 3.1%	1 3.1%	0 .0%	0 .0%	32 100.0%	<0.001	(0.029	-0.036)
	% within left circumflex	30.0%	60.0%	33.3%	42.9%	.0%	100.0%	100.0%	.0%	.0%	33.0%			
	% of Total	21.6%	3.1%	3.1%	3.1%	.0%	1.0%	1.0%	.0%	.0%	33.0%			
-ve	Count	49	2	6	4	1	0	0	1	1	64			
	% within family history	76.6%	3.1%	9.4%	6.3%	1.6%	.0%	.0%	1.6%	1.6%	100.0%			
	% within left circumflex	70.0%	40.0%	66.7%	57.1%	100.0%	.0%	.0%	100.0%	100.0%	66.0%			
	% of Total	50.5%	2.1%	6.2%	4.1%	1.0%	.0%	.0%	1.0%	1.0%	66.0%			
Total	Count	70	5	9	7	1	1	1	1	1	96			
	% within family history	72.2%	5.2%	9.3%	7.2%	1.0%	1.0%	1.0%	1.0%	1.0%	100.0%			
	% within left circumflex	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
	% of Total	72.2%	5.2%	9.3%	7.2%	1.0%	1.0%	1.0%	1.0%	1.0%	100.0%			

The statistical analysis shown strong evidence between family history and sites, severity of lesion in left anterior descending (P <0.001) as shown in the table 9, (10 persons was normal, 0 persons with focal ostial, 0 person with diffuse mid long, 0 person with ostial dicanal 1, 1 person with focal proximal dicanal 1, 9 persons with focal mid, 1 persons with focal distal, 2 persons with focal proximal, 0 person with diffuse mid bifurcation, 0 person with total proximal, 4 persons with diffuse proximal, 3 persons with total mid and 2 persons with focal ostial dicanal 1 were +ve to family history), otherwise (24 persons with focal proximal dicanal 1, 14 persons with focal mid, 1 person with ostial dicanal 1, 2 persons with focal proximal dicanal 1, 14 persons with focal mid, 1 person with focal distal , 6 persons with focal proximal, 2 persons with total mid and 2 persons with focal ostial dicanal 1, 14 persons with total proximal, 5 persons with diffuse proximal, 3 persons with total mid and 2 persons with focal ostial dicanal 1 were -ve to family history).

F	amily history						(Left an	terior des	scending)	LAD					Total	<i>p</i> value	Conf	5% idence erval
		Normal	Focal ostial	Diffuse mid long	Ostial dicanal 1	Focal proximal dicanal 1	Focal mid	Focal distal	Focal proximal	Diffuse mid bifurcation	Total proximal	Diffuse proximal	Total mid	Focal ostial dicanal 1			Lower Bound	Uppe Boun
+ve	Count	10	0	0	0	1	9	1	2	0	0	4	3	2	32			
	% within family history	31.3%	.0%	.0%	.0%	3.1%	28.1%	3.1%	6.3%	.0%	.0%	12.5%	9.4%	6.3%	100.0%	<0.001	(0034	1-0.042
	% within Left anterior descending	29.4%	.0%	.0%	.0%	33.3%	39.1%	50.0%	25.0%	.0%	.0%	44.4%	50.0%	50.0%	33.0%			
	% of Total	10.3%	.0%	.0%	.0%	1.0%	9.3%	1.0%	2.1%	.0%	.0%	4.1%	3.1%	2.1%	33.0%			
-ve	Count	24	1	1	1	2	14	1	6	2	2	5	3	2	64			
	% within family history	37.5%	1.6%	1.6%	1.6%	3.1%	21.9%	1.6%	9.4%	3.1%	3.1%	7.8%	4.7%	3.1%	100.0%			
	% within Left anterior descending	70.6%	100.0%	100.0%	100.0%	66.7%	60.9%	50.0%	75.0%	100.0%	100.0%	55.6%	50.0%	50.0%	66.0%			
	% of Total	24.7%	1.0%	1.0%	1.0%	2.1%	14.4%	1.0%	6.2%	2.1%	2.1%	5.2%	3.1%	2.1%	66.0%			
Fotal	Count	34	1	1	1	3	23	2	8	2	2	9	6	4	96			
	% within family history	35.1%	1.0%	1.0%	1.0%	3.1%	23.7%	2.1%	8.2%	2.1%	2.1%	9.3%	6.2%	4.1%	100.0%			
	% within Left anterior descending	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
	% of Total	35.1%	35.1%	1.0%	1.0%	1.0%	3.1%	23.7%	2.1%	8.2%	2.1%	2.1%	9.3%	4.1%	100.0%			

F	family history				Right coro	nary arte	ry			Total	p value	95% Con	fidence
		Normal	Focal mid	Focal distal	Focal proximal	Focal mid RV branch	diffuse distal bifurcation	Diffuse mid	Total mid			Inter Lower Bound	val Upper Bound
+ve	Count	21	7	0	1	0	0	3	0	32			
	% within family history	65.6%	21.9%	.0%	3.1%	.0%	.0%	9.4%	.0%	100.0%	<0.001	(0. 017-	0. 022)
	% within right coronary	35.0%	43.8%	.0%	33.3%	.0%	.0%	33.3%	.0%	33.0%			
	% of Total	21.6%	7.2%	.0%	1.0%	.0%	.0%	3.1%	.0%	33.0%			
-ve	Count	39	9	3	2	1	1	6	3	64			
	% within family history	60.9%	14.1%	4.7%	3.1%	1.6%	1.6%	9.4%	4.7%	100.0%			
	% within right coronary	65.0%	56.3%	100.0%	66.7%	100.0%	100.0%	66.7%	100.0%	66.0%			
	% of Total	40.2%	9.3%	3.1%	2.1%	1.0%	1.0%	6.2%	3.1%	66.0%			
Fotal	Count	60	16	3	3	1	1	9	3	96			
	% within family history	61.9%	16.5%	3.1%	3.1%	1.0%	1.0%	9.3%	3.1%	100.0%			
	% within right coronary	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
	% of Total	61.9%	16.5%	3.1%	3.1%	1.0%	1.0%	9.3%	3.1%	100.0%			

On the other hand the statistical analysis shown significance difference between family history and sites, severity of lesion in right coronary artery (P < 0.001) as shown in the table 10, (21 persons was normal, 7 persons with focal mid, 0 person with focal distal, 1 person with focal proximal, 0 person with diffuse distal bifurcation, 0 person focal mid RV branch , 3 persons diffuse mid, and 0 person total mid were +ve to family history), while (39 persons was normal, 9 persons with focal mid, 3 persons with focal distal, 2 persons with focal proximal, 1 person with diffuse distal bifurcation, 1 person focal mid RV branch, 6 persons diffuse mid, and 3 persons total mid were -ve to family history).

Table 1	1: shown the relations	hip betwe	en the cor	onary doi	minancy a	and sites, sev	verity of	lesion in le	eft main	stem
Сог	ronary dominancy		left n	nain stem	(LMS)		Total	<i>p</i> value	95 Confi Inte	
		Normal	Focal mid	Focal distal	Focal ostial	Focal distal bifurcation				Upper Bound
Right	Count	78	2	5	1	1	87	< 0.001	(0.0	
	% within coronary dominancy	89.7%	2.3%	5.7%	1.1%	1.1%	100.0%		01	4)
	% within left main stem	90.7%	66.7%	100.0%	100.0%	100.0%	89.7%			
	% of Total	80.4%	2.1%	5.2%	1.0%	1.0%	89.7%			
Left	Count	8	1	0	0	0	9			
	% within coronary dominancy	88.9%	11.1%	.0%	.0%	.0%	100.0%			
	% within left main stem	9.3%	33.3%	.0%	.0%	.0%	9.3%			
	% of Total	8.2%	1.0%	.0%	.0%	.0%	9.3%			
Total	Count	86	3	5	1	1	96			
	% within coronary dominancy	88.7%	3.1%	5.2%	1.0%	1.0%	100.0%			
	% within left main stem	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
	% of Total	88.7%	3.1%	5.2%	1.0%	1.0%	100.0%			

The correlation between coronary dominancy and sites, severity of lesion in left main stem, the statistical interpretation shown strong difference (P < 0.001) as shown in the table 11, (78 persons was normal, 2 persons with focal mid, 5 persons with focal distal, 1 person with focal ostial and 1 person with focal distal bifurcation were right coronary dominant, respectively, while 8 persons was normal, 1 person with focal mid, 0 person with focal distal, 0 person with focal ostial and 0 person with focal distal bifurcation were left coronary dominant respectively). On the other hand the statistical analysis shown significance difference between coronary dominancy and sites, severity of lesion in left circumflex (P < 0.001) as shown in the table 12, (63 persons was normal, 5 persons with focal mid, 8 persons with focal distal, 7 persons with focal proximal, 1 person total mid and 1 person with total distal were right coronary dominant), while (7 persons was normal, 0 person with focal mid, 1 person with focal distal, 0 person with focal distal, 0 person with focal distal were right coronary dominant), while (7 persons was normal, 0 person with focal mid, 1 person with focal distal, 0 person with focal distal, 0 person with diffuse mid bifurcation, 1 person with focal distal, 0 person with focal proximal, 1 person with focal mid, 1 person with focal distal, 0 person with focal mid, 0 person with focal mid, 1 person with focal distal, 0 person with focal proximal, 0 person with diffuse mid bifurcation, 0 person focal proximal rimas intermediate, 1 person diffuse proximal, 0 person with diffuse mid and 0 person with total distal, 0 person with focal proximal, 0 person with diffuse mid bifurcation, 0 person focal proximal rimas intermediate, 1 person diffuse proximal, 0 person total mid and 0 person with total distal were left coronary dominant, respectively).

Table 10: shows the selection this between the second size

Table	12: shown the	relations	ship betv	veen the	coronary (	dominancy	and sites, sev	verity of 1	esion in	left circu	mflex			
Corona	ry dominancy				lef	t circumflex	(LCX)				Total	p value		nfidence rval
		Normal	Focal mid	Focal distal	Focal proximal	bifurcation	Focal proximal rimas intermediate	Diffuse proximal	Total mid	Total distal			Lower Bound	Upper Bound
Right	Count	63	5	8	7	1	1	0	1	1	87			
	% within coronary dominancy	72.4%	5.7%	9.2%	8.0%	1.1%	1.1%	.0%	1.1%	1.1%	100.0%	<0.001	(0.021	-0.027)
	% within left circumflex	90.0%	100.0%	88.9%	100.0%	100.0%	100.0%	.0%	100.0%	100.0%	89.7%			
	% of Total	64.9%	5.2%	8.2%	7.2%	1.0%	1.0%	.0%	1.0%	1.0%	89.7%			
Left	Count	7	0	1	0	0	0	1	0	0	9			
	% within coronary dominancy	77.8%	.0%	11.1%	.0%	.0%	.0%	11.1%	.0%	.0%	100.0%			
	% within left circumflex	10.0%	.0%	11.1%	.0%	.0%	.0%	100.0%	.0%	.0%	9.3%			
	% of Total	7.2%	.0%	1.0%	.0%	.0%	.0%	1.0%	.0%	.0%	9.3%			
Total	Count	70	5	9	7	1	1	1	1	1	96			
	% within coronary dominancy	72.2%	5.2%	9.3%	7.2%	1.0%	1.0%	1.0%	1.0%	1.0%	100.0%			
	% within left circumflex	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
	% of Total	72.2%	5.2%	9.3%	7.2%	1.0%	1.0%	1.0%	1.0%	1.0%	100.0%			

Significance at <0.05

The statistical analysis shown strong evidence between coronary dominancy and sites, severity of lesion in left anterior descending (P <0.001) as shown in the table 13, (31 persons was normal, 0 persons with focal ostial, 1 person with diffuse mid long, 1 person with ostial dicanal 1, 2 persons with focal proximal dicanal 1, 21 persons with focal mid, 28 persons with focal distal, 2 persons with focal proximal, 2 persons with diffuse mid bifurcation, 2 persons with total proximal, 7 persons with diffuse proximal, 6 persons with total mid and 4 persons with focal ostial dicanal 1 were right coronary dominant), otherwise (3 persons with focal proximal dicanal 1, 2 persons with focal ostial, 0 persons with diffuse mid long, 0 person with ostial dicanal 1, 1 persons with focal proximal dicanal 1, 2 persons with focal mid, 0 persons with focal distal , 0 persons with focal mid, 0 persons with diffuse mid bifurcation, 0 persons with total proximal, 2 persons with focal mid, 0 persons with and 0 persons with focal ostial dicanal 1 were left coronary dominant).



Table	e 14: shown the	relations	ship betv	veen the	coronary do	minancy	and sites,	severity of	of lesion	ı in right	coronai	ry artery
Coron	ary dominancy				Right coro	nary arte	ery			Total	р	95%
		Normal	Focal mid	Focal distal	Focal proximal	Focal mid	diffuse distal	Diffuse mid	Total mid		value	Confidence Interval
					r · ···		bifurcation					Lower Upper Bound Bound
Right	Count	51	16	3	3	1	1	9	3	87		-
	% within coronary dominancy	58.6%	18.4%	3.4%	3.4%	1.1%	1.1%	10.3%	3.4%	100.0%	<0.001	(0. 009-0. 013)
	-	85.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	89.7%		
	% of Total	52.6%	16.5%	3.1%	3.1%	1.0%	1.0%	9.3%	3.1%	89.7%		
Left	Count	9	0	0	0	0	0	0	0	9		
	% within coronary dominancy	100.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%	100.0%		
	% within right coronary	15.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%	9.3%		
	% of Total	9.3%	.0%	.0%	.0%	.0%	.0%	.0%	.0%	9.3%		
Total	Count	60	16	3	3	1	1	9	3	96		
	% within coronary dominancy	61.9%	16.5%	3.1%	3.1%	1.0%	1.0%	9.3%	3.1%	100.0%		
	% within right coronary	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
	% of Total	61.9%	16.5%	3.1%	3.1%	1.0%	1.0%	9.3%	3.1%	100.0%		

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Table l	able 13: shown the relationship between the coronary dominancy and sites, severity of lesion in left anterior descending																	
Corona	ary dominancy						(Left anter	nior desce	ending) L.	AD					Total	p value	95% Confid	ence Interval
		Normal	Focal	Diffuse	Ostial	Focal	Focal mid	Focal	Focal	Diffuse	Total	Diffuse	Total	Focal			Lower Bound	Upper Bound
			ostial	mid	dicanal	proximal		distal	proximal	mid	proximal	proximal	mid	ostial				
				long	1	dicanal 1				bifurcation			<u> </u>	dicanal 1				
Right	Count	31	0	1	1	2	21	2	8	2	2	7	6	4	87			
	% within	35.6%	.0%	1.1%	1.1%	2.3%	24.1%	2.3%	9.2%	2.3%	2.3%	8.0%	6.9%	4.6%	100.0%	<0.001	(0007	-0.011)
	coronary																	
	dominancy											1			1			
	% within Left anterior	91.2%	.0%	100.0%	100.0%	66.7%	91.3%	100.0%	100.0%	100.0%	100.0%	77.8%	100.0%	100.0%	89.7%			
	descending																	
	% of Total	32.0%	.0%	1.0%	1.0%	2.1%	21.6%	2.1%	8.2%	2.1%	2.1%	7.2%	6.2%	4.1%	89.7%			
Left	Count	3	1	0	0	1	2	0	0	0	0	2	0	0	9			
	% within	33.3%	11.1%	.0%	.0%	11.1%	22.2%	.0%	.0%	.0%	.0%	22.2%	.0%	.0%	100.0%			
	coronary																	
	dominancy																	
	% within Left	8.8%	100.0%	.0%	.0%	33.3%	8.7%	.0%	.0%	.0%	.0%	22.2%	.0%	.0%	9.3%			
	anterior descending																	
	% of Total	3.1%	1.0%	.0%	.0%	1.0%	2.1%	.0%	.0%	.0%	.0%	2.1%	.0%	.0%	9.3%			
Total	% of lotal	3.1%	1.0%	.0%	1	3	2.1%	2	.0%	2	2	9	.0%	.0%	9.5%			
Total																		
	% within coronary	35.1%	1.0%	1.0%	1.0%	3.1%	23.7%	2.1%	8.2%	2.1%	2.1%	9.3%	6.2%	4.1%	100.0%			
	dominancy																	
	% within Left	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
	anterior																	
	descending																	
	% of Total	35.1%	1.0%	1.0%	1.0%	3.1%	23.7%	2.1%	8.2%	2.1%	2.1%	9.3%	6.2%	4.1%	100.0%			

Significance at <0.05

C	Coronary dominancy				Right core	onary arte	ry			Total	p value	95% Cor	fidence
		Normal	Focal	Focal	Focal	Focal	diffuse	Diffuse	Total	1		Inter	val
			mid	distal	proximal		distal bifurcation	mid	mid			Lower Bound	Uppe: Bound
Right	Count	51	16	3	3	1	1	9	3	87			
	% within coronary dominancy	58.6%	18.4%	3.4%	3.4%	1.1%	1.1%	10.3%	3.4%	100.0%	<0.001	(0. 009-	0.013)
	% within right coronary	85.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	89.7%			
	% of Total	52.6%	16.5%	3.1%	3.1%	1.0%	1.0%	9.3%	3.1%	89.7%			
Left	Count	9	0	0	0	0	0	0	0	9			
	% within coronary dominancy	100.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%	100.0%			
	% within right coronary	15.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%	9.3%			
	% of Total	9.3%	.0%	.0%	.0%	.0%	.0%	.0%	.0%	9.3%			
[otal	Count	60	16	3	3	1	1	9	3	96			
	% within coronary dominancy	61.9%	16.5%	3.1%	3.1%	1.0%	1.0%	9.3%	3.1%	100.0%			
	% within right coronary	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%			
	% of Total	61.9%	16.5%	3.1%	3.1%	1.0%	1.0%	9.3%	3.1%	100.0%			

Significance at <0.05

On the other hand the statistical analysis shown significance difference between coronary dominancy and sites, severity of lesion in right coronary artery (P < 0.001) as shown in the table 14, (51 persons was normal, 16 persons with focal mid, 3 persons with focal distal, 3 persons with focal proximal, 1 person with diffuse distal bifurcation, 1 person focal mid RV branch, 9 persons diffuse mid, and 3 person total were right coronary dominant), while (9 persons was normal, 0 person with focal mid, 0 person with focal distal, 0 person with focal proximal, 0 person with diffuse distal bifurcation, 0 person focal mid RV branch, 0 person diffuse mid, and 0 person total mid were left coronary dominant).

Our results revealed significance difference among handedness correlated with coronary dominancy ((P <0.001) according to statistical analysis as shown in the table 15, (84 persons with right coronary dominant were right handed and 8 persons with left coronary dominant were right handed, while 3 persons with right coronary dominant were left handed and 1 person with left coronary dominant were left handed).

Table	15: shown the relationship betwee	een the handed	en the handedness and coronary artery dominancy							
	Handedness	Coronary do	minancy	Total	p value		onfidence erval			
		Right	Left			Lower Bound	Upper Bound			
Right	Count	84	8	92	< 0.001	(0.00	1-0.003)			
	% within handedness	91.3%	8.7%	100.0%						
	% within coronary dominancy	96.6%	88.9%	94.8%						
	% of Total	86.6%	8.2%	94.8%						
Left	Count	3	1	4						
	% within handedness	75.0%	25.0%	100.0%						
	% within coronary dominancy	3.4%	11.1%	4.1%						
	% of Total	3.1%	1.0%	4.1%						
Total	Count	87	9	96						
	% within handedness	89.7%	9.3%	100.0%						
	% within handedness	100.0%	100.0%	100.0%						
<u></u>	% of Total	89.7%	9.3%	100.0%						

Significance at < 0.05

The correlation between handedness and sites, severity of lesion in left main stem, the statistical interpretation shown strong difference (P < 0.001) as shown in the table 16, (84 persons was normal, 2 persons with focal mid, 4 persons with focal distal, 1 person with focal ostial and 1 person with focal distal bifurcation were right handed, respectively, while 2 persons was normal, 1 person with focal mid, 1 person with focal distal, 0 person with focal ostial and 0 person with focal distal bifurcation were left handed respectively).

Table	e 16: shown the relat	tionship bet	tween the har	idedness and	sites, severity	of lesion in	left main	ı stem		
Н	andedness		lefi	t main stem (l	LMS)		Total	<i>p</i> value		9% dence rval
		Normal	Focal mid	Focal distal	Focal ostial	Focal distal bifurcation			Lower Bound	
Right	Count	84	2	4	1	1	92	< 0.001	(0.	002-0.
	% within handedness	91.3%	2.2%	4.3%	1.1%	1.1%	100.0%		004)	
	% within left main stem	97.7%	66.7%	80.0%	100.0%	100.0%	94.8%			
	% of Total	86.6%	2.1%	4.1%	1.0%	1.0%	94.8%			
Left	Count	2	1	1	0	0	4			
	% within handedness	50.0%	25.0%	25.0%	.0%	.0%	100.0%			
	% within left main stem	2.3%	33.3%	20.0%	.0%	.0%	4.1%			
	% of Total	2.1%	1.0%	1.0%	.0%	.0%	4.1%			
Total	Count	86	3	5	1	1	96			
	% within handedness	88.7%	3.1%	5.2%	1.0%	1.0%	100.0%			
	% within left main stem	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
	% of Total	88.7%	3.1%	5.2%	1.0%	1.0%	100.0%			

On the other hand the statistical analysis shown significance difference handedness and sites, severity of lesion in left circumflex (P < 0.001) as shown in the table 17, (70 persons was normal, 5 persons with focal mid, 8 persons with focal distal, 5 persons with focal proximal, 1 person with diffuse mid bifurcation, 1 person focal proximal rimas intermediate, 0 person diffuse proximal, 1 person total mid and 1 person with total distal were right handed), while (0 person was normal, 0 person with focal mid, 1 person with focal distal, 2 persons with focal proximal, 0 person with diffuse mid bifurcation, 0 person focal proximal rimas intermediate, 1 person diffuse proximal, 0 person total mid and 0 person with total distal were left handed).

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Table	17: shown th	e relation	nship bet	ween the	handedne	ss and sites,	severity of le	sion in lef	t circum	lex				
На	ndedness				le	ft circumflex	x (LCX)				Total	<i>p</i> value	959 Confic Inter	lence
		Normal	Focal mid	Focal distal	Focal proximal	Diffuse mid bifurcation	Focal proximal rimas intermediate	Diffuse proximal	Total mid	Total distal			Lower Bound	
Right	Count	70	5	8	5	1	1	0	1	1	92			
	% within handedness	76.1%	5.4%	8.7%	5.4%	1.1%	1.1%	.0%	1.1%	1.1%	100.0%	<0.001	(0 0.002)	0.001-
	% within left circumflex	100.0%	100.0%	88.9%	71.4%	100.0%	100.0%	.0%	100.0%	100.0%	94.8%			
	% of Total	72.2%	5.2%	8.2%	5.2%	1.0%	1.0%	.0%	1.0%	1.0%	94.8%			
Left	Count	0	0	1	2	0	0	1	0	0	4			
	% within handedness	.0%	.0%	25.0%	50.0%	.0%	.0%	25.0%	.0%	.0%	100.0%			
	% within left circumflex	.0%	.0%	11.1%	28.6%	.0%	.0%	100.0%	.0%	.0%	4.1%			
	% of Total	.0%	.0%	1.0%	2.1%	.0%	.0%	1.0%	.0%	.0%	4.1%			
Total	Count	70	5	9	7	1	1	1	1	1	96			
	% within handedness	72.2%	5.2%	9.3%	7.2%	1.0%	1.0%	1.0%	1.0%	1.0%	100.0%			
	% within left circumflex	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
	% of Total	72.2%	5.2%	9.3%	7.2%	1.0%	1.0%	1.0%	1.0%	1.0%	100.0%			

Significance at <0.05

Table	e 18: show	n the re	lationsl	1ip betv	ween th	e handeo	lness a	nd sites	, severit	y of lesio	n in left	anterior	descen	ding				
Han	dedness					(L	eft ante	rior des	scending	) LAD								% dence rval
		Norm al	Focal ostial	Diffu se mid long	Ostial dican al 1	Focal proxim al dicanal 1	Focal mid		Focal proxim al	Diffuse mid bifurcati on	Total proxim al	Diffus e proxim al	Total mid	Focal ostial dican al 1	Total	<i>p</i> value	Low er Boun d	Uppe r Boun d
Rig	Count	33	1	1	1	3	22	1	8	2	2	8	6	4	92			
ht	% within handedn ess	35.9 %	1.1%	1.1%	1.1%	3.3%	23.9 %	1.1%	8.7%	2.2%	2.2%	8.7%	6.5%	4.3%	100.0 %	<0.0 01		)12- 16)
	% within Left anterior descendi ng	97.1 %	100.0 %	100.0 %	100.0 %	100.0 %	95.7 %	50.0 %	100.0 %	100.0%	100.0 %	88.9%	100.0 %	100.0 %	94.8 %			
	% of Total	34.0 %	1.0%	1.0%	1.0%	3.1%	22.7 %	1.0%	8.2%	2.1%	2.1%	8.2%	6.2%	4.1%	94.8 %			
Left	Count	1	0	0	0	0	1	1	0	0	0	1	0	0	4			
	% within handedn ess	25.0 %	.0%	.0%	.0%	.0%	25.0 %	25.0 %	.0%	.0%	.0%	25.0%	.0%	.0%	100.0 %			
	% within Left anterior descendi ng	2.9%	.0%	.0%	.0%	.0%	4.3%	50.0 %	.0%	.0%	.0%	11.1%	.0%	.0%	4.1%			
	% of Total	1.0%	.0%	.0%	.0%	.0%	1.0%	1.0%	.0%	.0%	.0%	1.0%	.0%	.0%	4.1%			
Total	Count	34	1	1	1	3	23	2	8	2	2	9	6	4	96			
	% within handedn ess	35.1 %	1.0%	1.0%	1.0%	3.1%	23.7 %	2.1%	8.2%	2.1%	2.1%	9.3%	6.2%	4.1%	100.0 %			
	% within Left anterior descendi ng	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0%	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %			
	% of Total	35.1 %	1.0%	1.0%	1.0%	3.1%	23.7 %	2.1%	8.2%	2.1%	2.1%	9.3%	6.2%	4.1%	100.0 %			

The statistical analysis shown strong evidence between handedness and sites, severity of lesion in left anterior descending (P <0.001) as shown in the table 18, (33 persons was normal, 1 persons with focal ostial, 1 person with diffuse mid long, 1 person with ostial dicanal 1, 3 persons with focal proximal dicanal 1, 22 persons with focal mid, 1 persons with focal distal , 8 persons with focal proximal, 2 persons with diffuse mid bifurcation, 2 persons with total proximal, 8 persons with diffuse proximal, 6 persons with total mid and 4 persons with focal ostial dicanal 1 were right coronary dominant), otherwise (1 persons was normal, 0 persons with focal ostial, 0 person with diffuse mid long, 0 person with ostial dicanal 1, 0 persons with focal proximal dicanal 1, 1 persons with focal mid, 1 persons with focal distal , 0 persons with focal proximal, 0 persons with diffuse mid bifurcation, 0 persons with total proximal, 1 persons with diffuse proximal, 0 persons with focal mid, 1 persons with focal distal , 0 persons with focal proximal, 0 persons with diffuse mid bifurcation, 0 persons with total proximal, 1 persons with diffuse proximal, 0 persons with diffuse mid bifurcation, 0 persons with focal distal , 0 persons with focal proximal, 0 persons with diffuse mid bifurcation, 0 persons with total proximal, 1 persons with diffuse proximal, 0 persons with diffuse mid bifurcation, 0 persons with total proximal, 1 persons with diffuse proximal, 0 persons with diffuse mid bifurcation, 0 persons with total proximal, 1 persons with diffuse proximal, 0 persons with total mid and 0 persons with focal ostial dicanal 1 were left coronary dominant).



Table	19: shown the relation	nship bet	ween the	handedno	ess and site	s, severit	y of lesion i	n right co	oronary a	rtery	-		
	Handedness				Right coro	nary arte	ry			Total	p value	95% Co	
		Normal	Focal	Focal	Focal	Focal	diffuse	Diffuse	Total			Inte	rval
			mid	distal	proximal	mid RV	distal bifurcation	mid	mid			Lower	Upper
						branch						Bound	Bound
Right	Count	57	15	3	3	1	1	9	3	92			
	% within handedness	62.0%	16.3%	3.3%	3.3%	1.1%	1.1%	9.8%	3.3%	100.0%	< 0.001	(0. 023-	0. 030)
	% within right coronary	95.0%	93.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.8%			
	% of Total	58.8%	15.5%	3.1%	3.1%	1.0%	1.0%	9.3%	3.1%	94.8%			
Left	Count	3	1	0	0	0	0	0	0	4			
	% within handedness	75.0%	25.0%	.0%	.0%	.0%	.0%	.0%	.0%	100.0%			
	% within right coronary	5.0%	6.3%	.0%	.0%	.0%	.0%	.0%	.0%	4.1%			
	% of Total	3.1%	1.0%	.0%	.0%	.0%	.0%	.0%	.0%	4.1%			
Total	Count	60	16	3	3	1	1	9	3	96			
	% within handedness	61.9%	16.5%	3.1%	3.1%	1.0%	1.0%	9.3%	3.1%	100.0%			
	% within right coronary	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
	% of Total	61.9%	16.5%	3.1%	3.1%	1.0%	1.0%	9.3%	3.1%	100.0%			

On the other hand the statistical analysis shown significance difference between coronary dominancy and sites, severity of lesion in right coronary artery (P <0.001) as shown in the table 14, (57 persons was normal, 15 persons with focal mid, 3 persons with focal distal, 3 persons with focal proximal, 1 person with diffuse distal bifurcation, 1 person focal mid RV branch, 9 persons diffuse mid, and 3 person total were right coronary dominant), while (3 persons was normal, 1 person with focal mid, 0 person with focal distal, 0 person with focal proximal, 0 person with diffuse distal bifurcation, 0 person focal mid RV branch, 0 person diffuse mid, and 0 person total mid were left coronary dominant).

### DISCUSSION

As we mentioned previously, the coronary dominance play important role in cardiac diseases. Also the relationship between coronary dominance and handedness not mention previously, therefor we focused on this point to discuss it. In correlation between sex groups and coronary dominance, our finding suggested that, the sex have-not role in coronary dominance, otherwise, Zorin Makarovic et al. suggested that left dominance (particularly in women) and the absence of a mixed supply in men could cause regional ischemia, thus affecting the development of non-obstructive CAD. Furthermore, sex may determine the incidence of specific coronary artery supply types, therefore influencing disease development and prognosis (MAKAROVIC et al. 2014). Also according to our results the correlations between the types, severity of lesions in right coronary artery, left circumflex, left main stem and sex group, we suggest there is no evidence between them, while we suggested maybe there is an association between the left anterior descending lesion and sex, we think the males more predisposed to suffering from focal mid lesion in the left anterior descending more than female. According to the coronary dominance, left circumflex, left main stem, right coronary artery and left anterior descending lesion correlated with sex group we suggested there are no association between recent parameters. Family history of coronary heart disease (CHD) is a well-recognized risk factor, with multiple prospective studies demonstrating a consistent, independent association with CHD (ANDRESDOTTIR et al. 2002; LLOYD-JONES et al. 2004; MARENBERG et al. 1994). Otherwise the role coronary dominancy in severity, lesions of left circumflex and left main stem still un clear in our study, but we suggest the patients with right coronary dominance may be susceptible to suffering from focal mid lesion in left anterior descending and right coronary artery. Samad Ghaffari. et al. revealed that left coronary dominance was not associated with atherosclerotic involvement of LAD ostium and ischemic MR (GHAFFARI et al. 2013). On the other hand, the recent study revealed that the Left and codominance are associated with modestly increased post-percutaneous coronary intervention in-hospital mortality in patients with acute coronary syndrome. Confirmation of these findings with angiographic core laboratory verification of coronary dominance and longer term follow-up will be desirable (PARIKH et al. 2012). The important aspect in our study the study of handedness associated with coronary dominance, the handedness mentioned and involved in more than one study but in other aspect (SZAFLARSKI et al. 2012). So our study was

designed depending our notices during the coronary angiography and the using of hand right/left. Our novel finding that's, the patients using the right hand usually presented with right coronary dominance and the patients using the left hand usually presented with left coronary dominance, also we think there is an association between the patients using right handed and severity, lesions of left anterior descending and right coronary artery, otherwise we suggest there is no relation between handedness and severity, lesions of left circumflex and left main stem.

In conclusion, via our finding the handedness play important role whereas the patients using right hand usually will be right coronary dominance and the patients using right hand maybe suffering from focal mid lesion in lesions of left anterior descending and right coronary artery, also we expect the male more suffering than female for focal mid lesion in left anterior descending and the patients with right coronary dominance maybe suffering from focal mid lesion in lesions of left anterior descending and right coronary artery.

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