

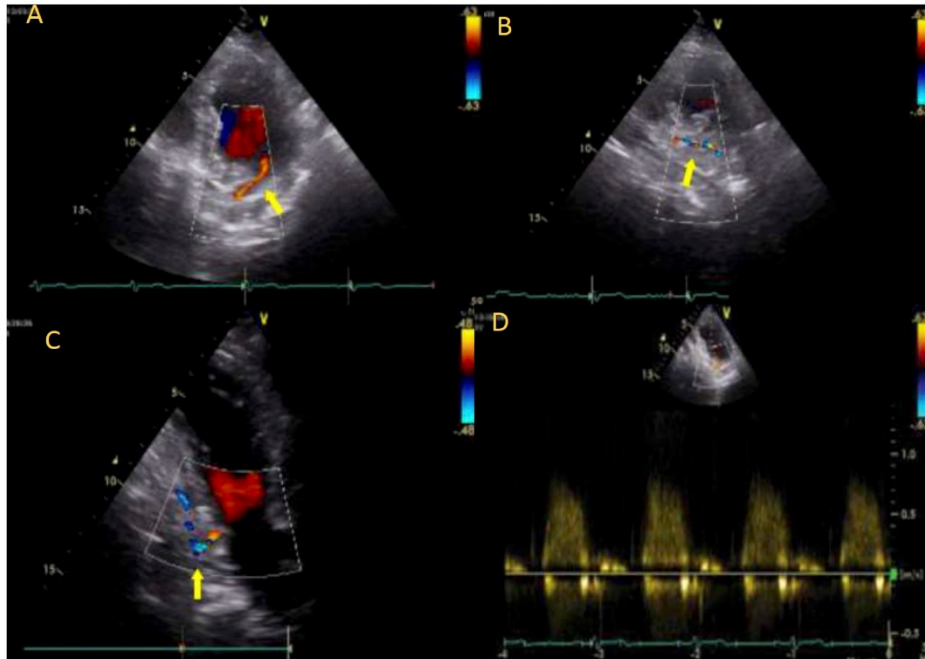
Supplementary Table 1. Aetiology

<p>Congenital</p>	<p>Single or multiple Embryonic fistulas</p> <p>Systemic haemangiomas</p>
<p>Acquired</p>	<p>Iatrogenic causes</p> <p style="padding-left: 40px;">Endomyocardial biopsy</p> <p style="padding-left: 40px;">Coronary artery bypass grafting</p> <p style="padding-left: 40px;">Ablation procedures for electrophysiological reasons</p> <p style="padding-left: 40px;">Cardiac transplant</p> <p style="padding-left: 40px;">Coronary angioplasty</p> <p style="padding-left: 40px;">Intracardiac device implantation</p> <p>Penetrating chest Trauma</p> <p>Cardiac diseases</p> <p style="padding-left: 40px;">Acute myocardial infarction</p> <p style="padding-left: 40px;">Hypertrophic obstructive cardiomyopathy</p> <p style="padding-left: 40px;">Tumour</p> <p style="padding-left: 40px;">Dilated Cardiomyopathy</p>


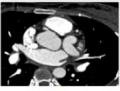
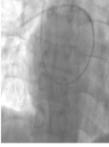


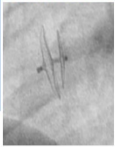
Supplementary Table 2. CT Evaluation for CAF both pre and post procedure.

<p>CT evaluation pre procedure</p>	<p>Number of fistulas.</p> <p>Origin of CAF/s</p> <p>Insertion or drainage of fistula/s site.</p> <p>Tract, tortuosity, angulation, ectasia or connections.</p> <p>Associated cardiac anomalies.</p>
<p>CT Evaluation post procedure</p>	<p>Any residual shunt or recanalization</p> <p>Ischaemia or infarction</p> <p>Any thrombosis</p> <p>Procedure failure like coil migration</p> <p>Catheter-related complications</p> <p>Coronary artery spasm, dissection, or perforation.</p>

Supplementary Figure 1: Echocardiographic short axis mid ventricular (A), basal (B) view suggestive of fistula at inferior ventricular wall. Doppler echocardiographic (C,D) views confirming the fistula in LV.



Supplementary Figure 2: Summary of the key aspects of significance, diagnosis, and therapies.

<p>Angiography - Symptomatic vs asymptomatic/incidental CAF</p> 	<p>Multislice CT with 3D evaluation</p> 	<p>pressure and shunt assessment</p> <p>degree of volume overload and establishing a baseline evaluation</p> 	<p>Multidisciplinary team approach</p> 	<p>Associated cardiac anomalies or have multiple fistulas which are tortuous, smaller caliber, aneurysmal and ectatic</p> 	<p>Single CAF, mostly proximal origin, with no other associated cardiac or congenital anomalies</p> 
<ul style="list-style-type: none"> <li>• Chest pain, angina, arrhythmia, dyspnea, palpitation, ischemia, Infarction, heart failure or complications</li> <li>• Surveillance for any treatment at any stage</li> </ul>	<p>Site, number, origin, drainage size, shunts, associated cardiac congenital abnormalities</p>		<ul style="list-style-type: none"> <li>• Radiologists</li> <li>• Cardiothoracic surgeons</li> <li>• Interventionalists</li> </ul>		