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A 71-year-old woman with underlying atrial fibrillation (AF) was admitted with dyspnea and diagnosed with heart failure. Her symptoms improved with diuretic therapy. She had been hospitalized for heart failure every month for the previous 2 months, beginning approximately 6 months before this admission.

Transthoracic echocardiography demonstrated abnormal flow into the right atrium (RA), raising suspicion of a coronary artery fistula draining into the RA.

Because of her AF, contrast-enhanced cardiac CT could not be performed. A non-contrast CT scan was obtained, and the radiologist reported a coronary artery fistula draining into the right ventricle (RV).

Coronary angiography (CAG) was subsequently performed and revealed a coronary artery fistula draining into an aneurysm and then into the RA.

Percutaneous closure with a vascular plug occluder was planned. However, before the scheduled procedure, the patient experienced two recurrent episodes of heart failure within one month.

The procedure was successfully performed using a vascular plug occluder.