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Prevalence of abnormal upper limb arterial anatomy and its correlation with access failure during transradial coronary angiography

Sripad V Khairnar

Dr. Ram Manohar Lohia Hospital New Delhi, India

Objective: The study aimed at to find out prevalence of abnormal upper limb arterial anatomy and its correlation with access failure during transradial coronary angiography.

Method: This was a prospective observational study of 1512 patients who had undergone transradial coronary angiography (CAG). Angiographic assessment of upper limb arterial tree was performed when the angiographic guidewire or the diagnostic catheter followed an abnormal path or got stuck in its course.

Results: About 5.29% patients (80/1512) were noted to have abnormal upper limb arterial anatomy. The most common abnormality detected were radio-ulnar loop in 22 (1.46%) patients, tortuous upper limb arteries 19 (1.25%) and abnormal high origin of radial artery 10 (0.66%) patients. Access failure was encountered in 4.4% (67/1512) of total patients and 64.17% (43/67) access failure was due to abnormal upper limb arterial anatomy.

Conclusion: Abnormal upper limb arterial anatomy was the most common cause of access failure in transradial coronary angiography in this study.

sripad.khairnar1101@gmail.com