

Clinical Benefit of The Distal Radial Approach First Strategy in Diagnostic Coronary Angiography

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Background/Aims: To compare distal radial approach (DRA) and conventional radial approach (CRA) in diagnostic coronary angiography (CAG) regarding patient's discomfort during CAG or hemostasis.

Methods: From Mar. 2019 to Jan. 2020, the discomfort during CAG or hemostasis were evaluated by questionnaire immediately after successful hemostasis in 160 adults who took diagnostic CAG after 1:1 randomization into CRA and DRA in Myongji hospital, Korea.

Results: There were no significant differences in the discomfort score and characteristics between both groups during CAG (CRA versus DRA, 0.74 ± 1.30 versus 0.94 ± 1.38 , $p=0.347$) or hemostasis (CRA versus DRA, 0.64 ± 1.14 versus 0.52 ± 1.10 , $p=0.526$). The DRA first strategy was not significant predictor for any complaint of discomfort during CAG or hemostasis. The incidence of radial artery (RA) occlusion was similar between both groups in ITT analysis but tended to be lower in DRA group (1 patient, 1.6%) than CRA (9 patients, 11.1%) 2 weeks after CAG ($p=0.061$).

Conclusions: In this single-center prospective randomized trial, we could not find additional benefit of the DRA first strategy regarding patient's discomfort during CAG or hemostasis. The successful DRA tended to reduce RA obstruction, but the DRA first strategy did not. Further study would be needed regarding RA obstruction.

