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In Reply: Access-Site Complications in Transfemoral Neuroendovascular Procedures: A Systematic Review of Incidence Rates and Management Strategies

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1 In Reply to the Letter to the Editor: "Access-Site Complications in
2 Transfemoral Neuroendovascular Procedures: A Systematic Review of
3 Incidence Rates and Management Strategies"

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53 We greatly appreciate and thank the authors for their thoughtful comments and
54 valuable real-life illustrations of femoral access site complications that complements our
55 manuscript.¹ Case illustrations always enrich the manuscripts and convert complex concepts
56 into simpler visual cues. The authors clearly show the sequelae and management of access
57 site complications. When compared to the life-threatening neurovascular pathologies, one
58 tends to underestimate such complications, especially if not exposed enough to them during
59 training.

60 To simplify things, we usually convert complications into numbers and perform a
61 comparative analysis to infer the significant difference between two modalities of treatment.
62 Regardless whether or not there is a statistical difference, although RCT clearly shows the
63 advantage of one modality over the other in our case (Radial approach favorable over
64 femoral approach), femoral access site complications are more serious, complex to manage,
65 and pose a higher mortality rate when compared to radial complications.²⁻⁷ For example, the
66 authors reported three case illustration of femoral access site complications requiring invasive
67 or surgical intervention; a femoral pseudoaneurysm that required thrombin injection,
68 peripheral arterial occlusion that required surgical embolectomy, and groin hematoma leading
69 to a retroperitoneal hemorrhage requiring surgical reconstruction. Such complications are
70 easily avoided and managed in radial access; pseudoaneurysm (if detected early) requires
71 manual pressure, radial artery occlusion almost never causes hand ischemia due to the
72 collateral supply to the hand, and access site hematoma is confined to a small space that
73 requires only manual compression.⁸⁻¹²

74 Finally, we should all be committed to one thing: providing the safest and most
75 effective care to patients! Tailoring care to each patient is inevitable.

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