



 MYOCARDIAL ISCHEMIA AND INFARCTION

RADIAL ACCESS DURING PRIMARY ANGIOPLASTY IN ACUTE MYOCARDIAL INFARCTION. EXPERIENCE OF A UNIQUE CENTER IN SOUTHAMERICA

ACC Poster Contributions

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Background: Primary angioplasty has demonstrated reduce the mortality associated to acute myocardial infarction with ST-segment elevation (AMI) and radial access has been associated to less mortality during percutaneous coronary intervention compared with femoral access. We want to share our experience using transradial access.

Methods: Using our database which includes a whole of patients with AMI treated with primary angioplasty, we performed a nonrandomized comparison between radial vs femoral access. The clinical characteristics of patients, door to ballon time, doses of radiation, vascular complications and 30 days mortality were compared. Student test, Chi2 test and Kaplan Meier curve were applied.

Results: From September of 2007 until August 2009, 472 patients were treated with primary angioplasty, 354 patients with femoral and 118(25%) with radial access. The mean age was 61 ± 12 years in both groups. Even though this is a nonrandomized series the prevalence of diabetes, hypetension, dyslipidemia and smokers were similar. Most of patient had less than 6 hours from the inicial pain. Door to ballon time was 61 ± 29 minutes using radial access vs 62 ± 37 minutes in femoral access ($p=0.5$). The 30 days mortality was 5,1% in a whole, without differences between femoral or radial access. No patient had vascular complications in radial group vs 5% in pacientes with femoral access, most of them were mild to moderate hematomas. No patient required surgical vascular repair. The doses of radiation were 1405 ± 926 mGy for radial vs 1219 ± 953 mGy for femoral access ($p=0,5$).

Conclusions: The radial access is as effective as femoral approach during primary angioplasty, however is associated with lower incidence of vascular complications and it allows an early deambulations of patients. In our experience there is not significant differences related to radiation.