Klinički rezultati intervencija na deblu lijeve koronarne arterije transradijalnim pristupom u Kliničkom bolničkom centru "Sestre milosrdnice"

The clinical results of interventions on left main coronary artery using transradial approach in University Hospital Centre "Sestre milosrdnice"

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KLJUČNE RIJEČI: transradijalni pristup, deblu lijeve koronarne arterije, kompleksne intervencije.

KEYWORDS: transradial approach, left main coronary artery, complex interventions.

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UVOD: Transradijalni pristup danas je sve češći primarni pristup za većinu perkutanih intervencija na koronarnim arterijama. Intervencije na deblu lijeve koronarne arterije često spadaju u kompleksne procedure i u manjem se postotku u odnosu na drugi tip intervencija izvode transradijalnim pristupom.

REZULTATI: U razdoblju od 2011. do rujna 2014. god. u Kliničkom bolničkom centru Sestre milosrdnice u Zagrebu učinjeno je ukupno 58 intervencija na deblu lijeve koronarne arterije. Transradijalni pristup je korišten u 32 slučaja (55%) od toga je neprotekcioniranih transradijalnih intervencija na deblu bilo 26 (81%). U 12 (37%) transradijalnih intervencija radilo se o akutnim koronarnim sindromima, a zabilježen je 1 smrtni slučaj tijekom transradijalne intervencije u akutnom koronarnom sindromu i kardiogenom šoku. Nije bilo statističke značajnosti u prosječnom vremenu intervencije, zračenju i utrošku kontrasta u komparaciji transradijalnog i transfemoralnog pristupa.

ZAKLJUČAK: Transradijalni pristup je siguran način za izvođenje kompleksnih intervencija na deblu, ali je ipak rezerviran za dobro uvježbane transradijalne operatore.

INTRODUCTION: Transradial approach became standard procedure in majority of percutaneous coronary interventions. Left main interventions considered to be complex interventions with lower incidence of application of transradial approach when compared to other types of interventions.

RESULTS: From 2011 until September 2014 within University Hospital Center „Sisters of Charity“ 58 interventions on left main were done. Transradial approach was used in 32 cases (55%) and 26 (81%) of them were unprotected left main transradial interventions. In 12 (37%) radial cases patients had acute coronary syndrome and 1 death occurred during transradial intervention in acute coronary syndrome and cardiogenic shock. There were no statistical significance in average time of the intervention, radiation nor the amount of the contrast in comparison of transradial and transfemoral approach.

CONCLUSION: Transradial approach is safe and reliable method for execution of complex interventions on left main but it should be reserved for advance skilled transradial operators.

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LITERATURE

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