

Review of: "Graft Angiography Through Right Radial Artery: A Retrospective Cohort Study"

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Potential competing interests: No potential competing interests to declare.

The concept of the paper is clear and welcome in interventional cardiology: to provide scientific data and analysis on one of our everyday used methods. The acceptance of radial access during coronary angiography is high in Europe and Asia, with increasing frequency in the USA. However, the grafts (mostly the LIMA graft) sometimes may not be selectively filled from the right radial artery access; therefore, the visualization of these particular grafts might be challenging. So far, there is no randomized trial to compare right radial access vs femoral access in patients who underwent CABG operations.

The current work is based on a retrospective analysis of radial access coronary angiograms in patients with aorto-coronary grafts. There are several major issues which should be clarified before publication.

1. However, the success rate is high (comparable with the femoral (non-radial?) access group), the causes of the unsuccessful attempts are not detailed. At this point, it is very interesting whether the LIMA itself as a target vessel was a significant reason for the failure. After an unsuccessful try, what kind of change(s) should be made in order to finish the procedure?
2. The "successful" coronary angio is not well detailed/determined. During the described manner of LIMA angio, we might experience a non-selective filling, (however, the idea to maximize the chance to have enough contrast media in the LIMA is brilliant!)
3. The comparison of the two designated groups does not carry relevant clinical information, due to several missing data. The control group is not detailed even according to the main topic of the paper: access site. The access site can be various, including the right or left femoral arteries, right or left brachial arteries, and the left radial artery, which may have a serious effect on the outcome. Moreover, nowadays we can find articles about distal radial access, which is a hot topic in this field.
4. The main and most severe complication of radial access is not well discussed: the radial artery occlusion rate is related to many well-known factors.
5. The bleeding rate and hematoma formation were more frequent (statistically identical) in the study group compared to the control group. It is controversial in the light of the literature, which shows some beneficial effect of radial access over the femoral. That is why the radial approach is recommended in the ESC guidelines.

Without modification, I do not recommend this paper to be published. Overall, the scientific quality of the paper is not above the high standards of the journal.

