CARDIOVASCULAR FLASHLIGHT

An unusual complication of coronary angiography via the radial approach

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A 69-year-old man presented with exertional angina and an angiographically significant heavily calcified proximal left anterior descending (LAD) artery lesion on femoral coronary angiography. He returned for elective angioplasty of the LAD via the radial approach. On insertion of the guiding catheter, the patient reported a mild sensation of pain but the catheter was manipulated around the aortic arch and into the left main stem without difficulty. Angioplasty was performed with rotational atherectomy and 2 drug-eluting stents implanted into the LAD. Towards the end of the procedure, the patient complained of dyspnoea. Oxygenation levels remained stable. On sitting up following the procedure, a large right-sided neck swelling was noted (Panel A). He became hypotensive and required intravenous fluid administration to restore haemodynamic stability. A computed tomography of the neck and chest was performed revealing a large haematoma in the neck (Panel B) with evidence of tracheal compression (Panel C). No active bleeding was seen and the source was presumed to be a small branch of the right brachiocephalic artery. The patient remained haemodynamically stable and was treated conservatively with no need for intubation. Within 24 h, the swelling had resolved and the patient was discharged home on dual antiplatelet therapy. Two weeks later the patient returned for follow-up with complete resolution of the haematoma (Panel D).

In conclusion, this case illustrates a highly unusual vascular complication of radial angiography. While vascular complications are widely recognized with femoral access, they must also be considered in cases of radial angiography.

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References