

Angioplasty of a Chronic Total Occlusion Using Bilateral Snuffboxes: The Far is Beautiful

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Antegrade approach is the default in performing angioplasty of chronic total occlusion of coronary artery. Even if the anatomy is suitable for antegrade approach, dual coronary artery angiogram is sometimes needed to follow the course of the guidewire in the chronic total occlusion when the ipsilateral collaterals are inadequate to profile the part of artery distal to the occluded segment. The contralateral coronary angiogram provides a road map. More number of access sites are associated with bleeding and access site complication. Whenever, it is necessary to have multiple access sites for procedure, it is safer to access from far distal sites like using either snuff boxes. Radial artery access has become the default approach for percutaneous coronary intervention because of lesser access site complication, bleeding issues and shorter duration of hospital stay [1-5]. The transradial approach is now widely accepted for both the primary PCI and complex coronary angioplasty in addition to the routine cases of angiogram and angioplasty [6]. Anatomical snuff boxes are being far from torso, the bleeding complications are less [7-9].

When radial artery is accessed from snuff boxes with reasonable anatomical knowledge and experience (Figure 1, author's own Cath Lab), it is extremely safe, assures same day discharge and saves radial artery for coronary artery bypass graft.



Figure 1: *Transradial approach via anatomical snuffbox.*

Declaration of Conflicting Interests

None.

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