Radial access for subclavian artery stenting

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Introduction
Radial artery puncture is well known for coronaries interventions. Advantages compared with femoral or brachial access are decreased local complications (bleeding, ischemia, nervous injury) and earlier mobilization of the patient.
We report one case of radial artery access for left subclavian artery recanalization.

Case Report
A 59-year-old man suffered of left arm weakness. He had past history of diabetes, arterial hypertension, dyslipidemia, smoking habit, chronic pulmonary obstructive disease, bilateral iliac stenting, femoro-femoral bypass, aortobifemoral bypass and surgery for false aneurysm of the left femoral artery.
Computed tomography angiography revealed occlusion of the left subclavian artery and mild stenosis of the right internal carotid artery.
Under general anesthesia, left radial artery puncture was performed. Ultrasound was used to locate the vessel. 6 French glidesheath was introduced into the artery. Heparin 5000 IU and Verapamil 5 mg to prevent radial spasm were injected. After recanalization with 0.035 guide wire, the occluded segment was predilated with balloon Bard Ultraverse® 5mm-40mm. Balloon expandable stent Bard Valeo® 7mm-26mm was placed. Hemostasis of the access was achieved with a radial compression device. There was no complication. After one year follow-up the patient is asymptomatic.

Conclusion
Radial artery puncture for subclavian artery angioplasty is feasible and safe. It can be performed with one day hospitalization.