Abstract

INTRODUCTION: Traditionally left main intervention is performed through the femoral route due to the need for using large bore catheters and complex bifurcations. Here we explore the feasibility of performing the same using the left radial or left ulnar route.

MATERIAL AND METHODS: We conducted retrospective analysis of 280 unprotected left main interventions done at our centre from 2015 to 2017. Out of this, 212 patients underwent procedure through the left radial or left ulnar route.

RESULTS: Out of 212 Patients, 148(70%) were Trans-radial route and rest Trans-ulnar route. 116 patients (54.7%) had single vessel disease, 44 (20.75%) had double vessel disease and 52 (24.5%) had triple vessel disease. The mean SYNTAX SCORE was 29±4.

Out of 212 patients, 136(64.15%) patients had cross over stenting and 76(35.8%) patients had 2 stent strategy (36 had DK crush and 24 had mini crush and 12 had T stenting). 22(10.3%) patients also underwent rotablation in addition. Elective crossover technique stenting was performed using 5 F Guide. Two stent strategy was done using 6F or 7F guides. 80 patients (37.3%) had left main interventions in the setting of acute MI including 8 patients with out of hospital cardiac arrest who were revived back to cardiac rhythm.

Procedural success was 98% (208 patients), change over to femoral was less than 2 % (4 patients). Major complications were slow flow (2 pts), 2 had strut fracture, difficult rewiring in 18 patients, side branch occlusion in 8 patients. Procedural mortality was zero. No patients needed re-intervention during hospital stay.

Peripheral Procedural complications were less than 10 percent which included fore arm hematoma,( 5 %), severe spasm, pseudo-aneurysm and radial artey perforation.

Conclusion: Left main interventions via the left radial artery appear feasible with low risk of complications with high procedural success rate. This also shows that most of the simple crossover techniques can be completed using 5 F guide systems.