

“SWISHING” SENSATION IN RIGHT FOREARM AFTER SUCCESSFUL PCI

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Forty years old man, known hypertensive, had his Percutaneous Coronary intervention (PCI) of RCA due to anginal symptoms. His PCI was done through Trans Radial Access (TRA) with 6-French, 23cm radial sheath (Cordis Corporation, Miami, FL, USA) in the right radial artery. His sheath was removed in two hours after successful PCI and there was no local complication during the hospital stay Patient was discharged on dual antiplatelet therapy, beta blocker and statin at standard dosage. Two weeks after his routine follow up in out patient department patient complained of swishing sensation in his right wrist at radial puncture site. There was palpable thrill noted in right radial artery puncture site with normal Allen’s test). A bruit was audible on auscultation, suspecting an Arterio Venous Fistula (AVF) An arterial Doppler of right radial artery was advised which showed a continuous flow in right radial artery Fig 1.

He was advised 64 Slice Multi Detector Computed Tomogram (MDCT) to establish the diagnosis. Below is Volume rendered (VR) image of right hand and wrist showing AVF between radial artery and venous tributary at the puncture site. (Fig2) The VR image shows venous opacification in an arterial

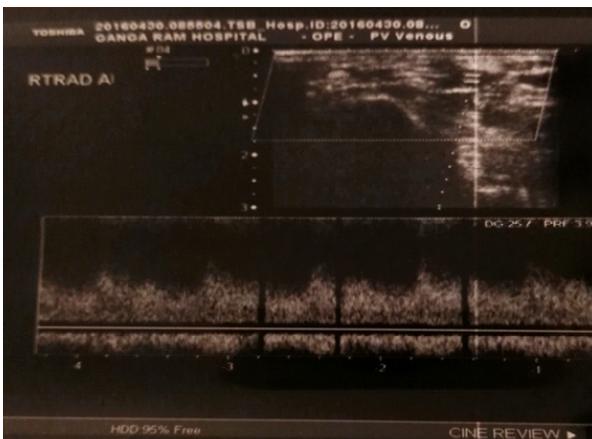


Fig 1. Radial artery Doppler showing continuous flow establishing AV communication

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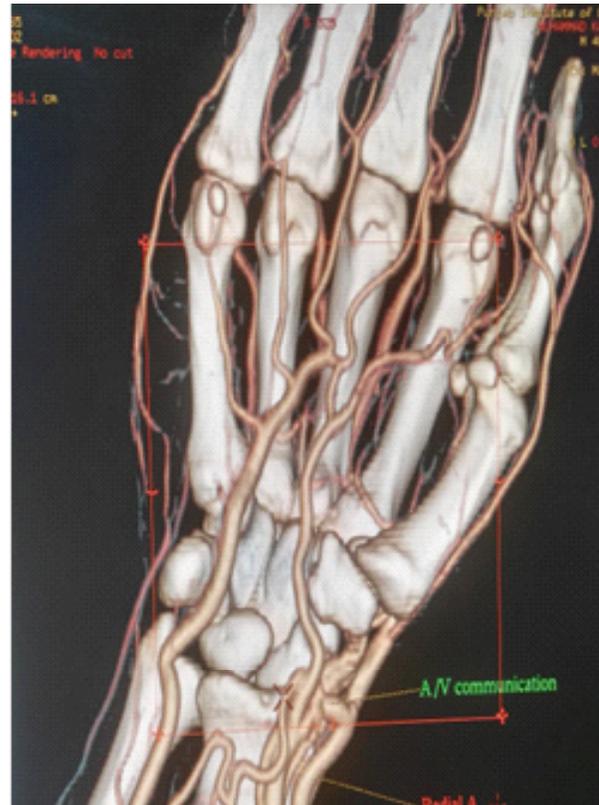


Figure 2

(J Cardiovasc Dis 2015;13(3):87-88) phase of acquisition signifying AVF.

After surgical consultation he was advised conservative management for his AVF at the radial puncture site.

TRA is known to have a very few access site complication as compared to Trans Femoral Access site complications.¹ AVF is extremely rare in TRA and can be prevented by the operator experience, limiting the number of the same artery access, using the sheath size that is less than the diameter of radial artery. Ultra sound guided needle placement to give anatomic details such as diameter, tortuosity and proximity with the vein can help to prevent such complications.^{2,3}

Therapeutic options include surgical which includes repair, excision, ligation and resection. The other treatment options are covered stent placement, ultrasound guided compression, and conservative.⁴



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