Neth Heart J (2021) 29:115–116
<https://doi.org/10.1007/s12471-020-01428-8>

An unwanted intruder

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Published online: 11 May 2020
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Answer

While suspecting a thromboembolic event and in order to restore adequate coronary flow, the operator decided to urgently perform manual aspiration, which retrieved an approximately 40-mm structure compatible with radial artery endothelial tissue (Fig. 1). After pre-dilatation with a 2.5 × 15-mm semi-compliant balloon, a 3.5 × 23-mm drug-eluting stent was implanted, with no residual stenosis and TIMI grade flow 3. Radial artery pulse was absent after sheath removal, but distal perfusion to the hand was not compromised.

Radial artery avulsion is a rare complication of transradial access in coronary angiography [1]. Moreover, embolisation of radial endothelial tissue to a coronary artery is an even more unlikely event. Radial avulsion is usually related to sheath withdrawal or spasm with guiding catheter entrapment and vessel trauma caused by its tip [2]. This can be prevented by decreasing artery spasm with careful selection and crossing of guiding catheters, as with intra-arterial administration of vasodilators. Artery avulsion is also more common in small-calibre and tortuous arteries [3]. Pre-procedural Barbeau or Allen tests are advisable in order to prevent more serious complications like hand ischaemia.

Conflict of interest FF Gonçalves, LF Seca and JI Moreira declare that they have no competing interests.

Electronic supplementary material The online version of this article (<https://doi.org/10.1007/s12471-020-01428-8>) contains supplementary material, which is available to authorized users.

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Fig. 1 Endothelial tissue manually aspirated from the left obtuse marginal artery

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