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Radial access in STEMI: single center experience in Argentina

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BACKGROUND: Primary PCI is the recommended reperfusion strategy for STEMI. Radial access has been shown to lower mortality in this setting. Other benefits have been described, such as early discharge or lower vascular events.

OBJECTIVE: Compare clinical and procedural outcomes of radial and femoral primary PCI.

METHODS: 839 PPCI in STEMI (June 2000 to May 2025) @ Hospital Austral (Buenos Aires – Arg). Exclusion (65): epiphenomenon and shock. Total population **774**:

Group A Radial (n=437) & **Group B Femoral (n=337).**

	RAD n:437	%	FEM n:337	%	p
AGE	58.5±10.3		60.1±12.6		0,05
MALE	391	89,5	280	83,1	0,01
DIABETES	68	15,6	66	19,6	0,1
HYPERTENSION	230	52,6	193	57,3	0,1
PRIOR PCI	68	15,6	60	17,8	0,4
EF	53.2±12.6		53.9±14.1		0,4
KK B/C	64	14,6	74	22,0	0,001
LAD	211	48,3	148	43,9	0,2
MULTI VESSEL DISEASE	203	46,5	159	47,2	0,8
COMPLETE REVASCULARIZATION	180	88,7	95	59,7	<0.001
SAME SESSION COMPLETE REVASC	55	12,6	41	12,2	0,8
THROMBOASPIRATION	68	15,6	29	8,6	<0.005
IIbIIIa USE	60	13,7	68	20,2	0,01
STENT #	1.8±1.1		1.7±1.1		0,2
LAB ARRIVAL-PUNCTION	9±4.9		9.4±5.9		0,3
DTB TIME	100±50		110±58		0,01
CONTRAST ml	178.7±60.3		216.8±84.9		<0.0001
FLUORO min	11.4±7.7		15.2±12.9		<0.0001

RESULTS	RAD n:437	%	FEM n:337	%	p
FINAL TIMI 3	426	97,5	313	92,9	<0.001
LENGTH OF STAY	3.1±2.4		5.3±7.8		<0.0001
LENGTH OF STAY ≤ 48 hs	230	52,6	68	20,2	<0.001
ACUTE CORONARY OCCLUSION	7	1,6	3	0,9	0,3
MAJOR VASCULAR COMPLICATION	7	1,6	3	0,9	0,3
IN HOSPITAL CV MORTALITY	7	1.6	6	1,8	0.9

CONCLUSION:

- Radial use has increased over the years .
- Less contrast and less fluoroscopy.
- Better results in terms of final TIMI flow.
- Does not delay time to get vascular punction.
- Shorter hospital stays.