



# Contrast Induced Nephropathy after Radial or Femoral Access for Invasive Management of Acute Coronary Syndrome

Neveen I. Samy<sup>a</sup>, Walaa fareed<sup>a</sup>, Ahmed Abdelbaky S.Ahmed<sup>b</sup>, Mohamed osama<sup>b</sup>.

<sup>a</sup>cardiovascular department, faculty of medicine, Menoufia university

<sup>b</sup>National Heart Institute (NHI)

## Abstract

**Background:** Percutaneous coronary intervention is now the best way of management of acute coronary syndrome (ACS). Contrast induced nephropathy is a serious complication and greatly dependent on several factors. It is still unclear whether the vascular access affects CIN risk.

**Objective:** To study the impact of Radial Access (RA) compared with Femoral Access (FA) on developing contrast-induced nephropathy (CIN) in patients undergoing invasive management of acute coronary syndrome (ACS).

**Methods:** Sixty patients eligible for invasive management of ACS at cardiology department (Menoufia University hospital and National Heart Institute) were randomized into two groups. Group I: included 30 patients with femoral approach and Group II: included 30 patients with radial approach. The occurrence of CIN estimated by KDIGO definition (absolute increase in serum creatinine (SCr) by  $\geq 0.5$  mg/dl within 48 hours; or increase in SCr to  $\geq 25\%$  of baseline) was estimated in both groups.

**Results:** Only 9 patients (15 %) developed CIN, 5 patients (55.6%) of them underwent PCI through FA without statistically significant difference between the two approaches.

**Conclusion:** CIN is considered a potential complication of percutaneous coronary intervention (PCI). Our study did not show preference of using an approach over the other in reducing CIN.

## Biography

Dr. Ahmed Abdelbaky Abdelaziz was Retired faculty of Menoufia university, Egypt.



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