



## Letter to the Editor

Reply to letter to Editor written by Deora S, et al, regarding publication entitled “Rana N, Vijayvergiya R, Kasinadhuni G, et al. Comparison of radial versus femoral access using hemostatic devices following percutaneous coronary intervention. Indian Heart Journal. <https://doi.org/10.1016/j.ihj.2021.04.006>”

**Reply to the Letter to Editor by Deora S, et al.**

Thanks to Deora S, et al, for their interest in our article about the comparison of radial v/s femoral access during the percutaneous coronary intervention (PCI).<sup>1</sup> Most of their comments are already being mentioned and discussed in the article, hence do not require any rebuttal. These include statements related to the importance and complication of transradial access (TRA) v/s trans-femoral access (TFA) and safety & efficacy of trans-femoral vascular closure device (VCD) including the AHA recommendation.<sup>2</sup> The comparison of various baseline parameters and clinical outcomes with *p*-value is already being described in the Table 1. Regarding their comments about the complications associated with VCD,<sup>3</sup> we would

like to add that the cited article is about the complications associated with large bore arterial closure (>10F) during structural heart intervention,<sup>3</sup> and not for post PCI 6F/7F arteriotomy closure, like the one we performed in the index study.<sup>1</sup> We would like to thank them for highlighting the disparity in the total number of TRA patients, which has been corrected. The editor may kindly correct it as a corrigendum of the article.<sup>1</sup>

**References**

1. Rana N, Vijayvergiya R, Kasinadhuni G, et al. Comparison of radial versus femoral access using hemostatic devices following percutaneous coronary intervention. *Indian Heart J.* 2021;73:382–384.
2. Patel MR, Jneid H, Derdeyn CP, et al. American heart association diagnostic and interventional cardiac catheterization committee of the council on clinical Cardiology, council on cardiovascular radiology and intervention, council on peripheral vascular disease, council on cardiovascular surgery and anesthesia, and stroke council. Arteriotomy closure devices for cardiovascular procedures: a scientific statement from the American heart association. *Circulation.* 2010;122:1882–1893.
3. Case BC, Kumar S, Yerasi C, et al. Real-world experience of suture-based closure devices: insights from the FDA manufacturer and user facility device experience. *Cathet Cardiovasc Interv.* 2021. <https://doi.org/10.1002/ccd.29501>.

**Table 1**  
Clinical characteristic of study population.

Route	Radial (N = 419)	Femoral (N = 303)	P value
Age (years)*	57.0 ± 10.5	59.2 ± 10.7	<b>0.05</b>
Male (n %)	360 (85.9%)	242 (79.9%)	<b>0.03</b>
BMI (Kg/m <sup>2</sup> )	25.4 ± 2.8	25.2 ± 2.9	0.27
Risk factors			
Diabetes (n %)	131 (31.2%)	103 (33.9%)	0.46
Hypertension (n %)	172 (41.0%)	145 (47.8%)	0.08
Smoker (n %)	114 (27.2%)	55 (18.1%)	<b>0.006</b>
Family history of CAD (n %)	7 (1.6%)	4 (1.3%)	0.76
Clinical presentation			
STEMI (n %)	190 (45.3%)	94 (31.0%)	<b>0.001</b>
NSTEMI/USA (n %)	137 (32.6%)	100 (33.0%)	0.93
CSA (n %)	92 (21.9%)	109 (35.9%)	<b>0.001</b>
Access site bleeding complication			
Oozing	22 (5.3%)	19 (6.3%)	0.62
Hematoma	1 (0.23%)	7 (2.3%)	<b>0.01</b>
Ambulation time in hours	1.5 ± 2.6	5.2 ± 3.39	<b>0.001</b>
Discharge in days	1.78 ± 1.08	1.94 ± 1.1	<b>0.04</b>

Value in mean ± 1 standard deviation.

P value in bold letter is significant.

Abbreviations:- STEMI-ST-elevation myocardial infarction, NSTEMI- non-ST-elevation myocardial infarction, USA-unstable angina, CSA-chronic stable angina, BMI-body mass index.

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