



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

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### 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

### Biography

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1. Physical exercise in the rehabilitation of dialysis patients
2. Recommendations of the Working Group of the Polish Nephrology Society regarding the quality criteria of dialysis treatment of patients due to end-stage.
3. Probation officer in the face of new tasks and changes in the social rehabilitation system.
4. Summary of clinical practice guidelines for pre- and postoperative care of natural arteriovenous and prosthetic

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