

Transradial Coronary Interventions in Complex Coronary Artery Disease: A Focus on Bifurcation Lesions and Acute Coronary Syndrome

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Abstract Complex coronary artery disease (CAD), particularly bifurcation lesions and acute coronary syndrome (ACS), present significant challenges in interventional cardiology. The transradial approach (TRA) has emerged as an important strategy in coronary interventions, offering benefits such as reduced bleeding complications and faster recovery. This article focuses on the role of transradial coronary interventions (TRI) in treating bifurcation lesions in patients with ACS, exploring the efficacy, safety, and outcomes of TRI compared to other approaches. A comprehensive review of recent studies was conducted, focusing on TRI for complex CAD and ACS. Various techniques for bifurcation lesion management and their outcomes were assessed, with a focus on acute settings. Transradial interventions have shown promising results in ACS patients, with reduced complication rates, shorter hospital stays, and improved patient satisfaction. Specifically, TRI in bifurcation lesions presents unique challenges but is associated with positive outcomes when using modern techniques such as stent implantation, dual antiplatelet therapy (DAPT), and intravascular imaging.

Keywords Transradial, Coronary Artery Disease, Acute Coronary Syndrome, Bifurcation Lesions, Percutaneous Coronary Intervention, Angiography, Interventional Cardiology, Stenting, Radial Artery Access

1. Introduction

Coronary artery disease (CAD) remains a leading cause of morbidity and mortality worldwide. Complex forms of CAD, such as bifurcation lesions and those complicating acute coronary syndrome (ACS), require specialized intervention techniques. Among the various strategies for coronary intervention, the transradial approach (TRA) has emerged as a promising alternative to the traditional femoral access, offering various advantages such as reduced bleeding complications, faster recovery, and lower mortality rates. [1]

Bifurcation lesions represent a particularly challenging aspect of CAD due to the need to address both the main vessel and the side branch effectively. These lesions are found in about 20% to 30% of patients undergoing coronary angiography. The management of bifurcation lesions in ACS patients is even more complex, as rapid decision-making and

precise execution are essential to prevent further myocardial damage.

In this review, we will explore the role of transradial coronary interventions in the management of complex coronary artery disease, focusing on bifurcation lesions and acute coronary syndrome. The objective is to provide an overview of the clinical evidence supporting the use of TRI in these patients and to discuss the outcomes and challenges associated with this approach.

2. Materials and Methods

This article synthesizes findings from multiple sources, including randomized controlled trials (RCTs), observational studies, and meta-analyses, focusing on transradial coronary interventions in the context of bifurcation lesions and acute coronary syndrome. We performed a systematic search in PubMed, Scopus, and Web of Science databases, considering publications from 2010 to 2023.

Inclusion criteria for studies were:

Patients with acute coronary syndrome (ST-elevation myocardial infarction (STEMI), non-ST elevation myocardial infarction (NSTEMI), unstable angina).

Complex coronary artery disease with bifurcation lesions. Studies comparing transradial versus transfemoral approaches.

Data on procedural success, complications, and outcomes (e.g., mortality, bleeding complications, hospital length of stay).

Studies were selected based on their relevance, quality of evidence, and sample size.

We excluded studies that focused only on non-ACS patients or did not involve bifurcation lesions. [2]

We also included insights from expert opinion papers, clinical practice guidelines, and real-world experience in handling TRA for bifurcation lesions in complex CAD.

3. Results and Discussions

Transradial Access in Acute Coronary Syndrome (ACS)

The transradial approach has significantly improved the safety and outcomes in patients with acute coronary syndrome (ACS), especially in those with complex coronary anatomy. TRA offers several advantages over the traditional femoral approach, such as reduced access-site complications (e.g., hematomas, pseudoaneurysms), reduced risk of vascular complications, and a quicker recovery time.

A pivotal study published in *The Lancet* in 2017 demonstrated that TRA was associated with a lower risk of major bleeding and death compared to the transfemoral approach. This finding was particularly notable in ACS patients, where rapid access and minimizing procedural complications are crucial for survival.

Bifurcation Lesions and Their Management

Bifurcation lesions, characterized by the involvement of the main vessel and a side branch, are inherently challenging due to the risk of stent failure, side-branch occlusion, and restenosis. The management of bifurcation lesions has evolved over the years, with improvements in stent technology, guide catheter design, and interventional techniques. [3]

Several strategies are used to treat bifurcation lesions, including one-stent and two-stent techniques. The two-stent approach, involving stenting both the main vessel and side branch, is generally preferred for more complex bifurcations but comes with a higher risk of complications such as stent thrombosis and restenosis. Advances in drug-eluting stents (DES) have led to better long-term outcomes.

A multicenter study published in *JACC Cardiovascular Interventions* (2021) assessed the efficacy of the transradial approach in managing bifurcation lesions. The study found that TRI in bifurcation lesions was associated with high technical success rates, minimal complications, and favorable clinical outcomes. The ability to achieve high procedural success while minimizing complications highlights the potential of TRA in complex coronary disease management.

[4]

Acute Coronary Syndrome and Bifurcation Lesions

In patients with acute coronary syndrome, the combination of complex coronary lesions (such as bifurcation lesions) and the urgency of intervention creates a unique set of challenges. Studies have shown that in STEMI patients, a rapid approach is crucial, and TRA has been shown to reduce door-to-balloon times compared to femoral access, enhancing the overall success of primary percutaneous coronary interventions (PCI).

Recent trials and observational studies have found that TRA in ACS patients, including those with bifurcation lesions, results in comparable or even superior outcomes compared to the femoral approach. Notably, TRA has been associated with a lower incidence of bleeding complications, a shorter hospital stay, and a faster recovery time, which is particularly advantageous for ACS patients requiring urgent intervention.

Technical Challenges of TRI in Bifurcation Lesions

While TRA offers many benefits, it also presents certain challenges, particularly in managing complex lesions such as bifurcations. Accessing distal coronary segments and maintaining stable guide catheter support can be difficult in transradial procedures. Furthermore, the radial artery's smaller caliber compared to the femoral artery may limit the use of larger catheters and stents, especially in complex interventions. [5]

To overcome these challenges, interventional cardiologists have developed strategies such as the use of smaller diameter catheters, careful guide catheter manipulation, and the use of advanced imaging techniques (e.g., intravascular ultrasound (IVUS) or optical coherence tomography (OCT)) to guide stent placement more accurately.

Outcomes and Follow-up

Several studies have reported excellent clinical outcomes in patients with bifurcation lesions treated using TRI. Follow-up data have shown that the incidence of major adverse cardiovascular events (MACE), including myocardial infarction, stroke, and death, is low in TRI-treated patients. Moreover, the long-term outcomes for ACS patients treated with TRA are comparable to those treated with the femoral approach, with reduced rates of access-site complications and restenosis.

4. Conclusions

In conclusion, transradial coronary interventions offer significant advantages in the management of acute coronary syndrome, especially in patients with bifurcation lesions. Despite some technical challenges, such as catheter manipulation and access to distal coronary segments, the transradial approach has proven to be effective in improving procedural outcomes, reducing complications, and shortening recovery times. As the techniques continue to evolve, TRA is likely to become the standard approach in managing

complex coronary artery disease, including bifurcation lesions in ACS patients. Further studies and advancements in technology will continue to optimize its use, addressing current limitations and improving long-term outcomes.

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