Authors have nothing to disclose with regard to commercial support.

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http://dx.doi.org/10.1016/j.jtcvs.2017.03.081

HANDS OFF, THE RADIAL ARTERY IS MINE!

Reply to the Editor:

Mounsey and Taggart make an excellent point in addressing the worse results of radial artery (RA) "grafts after previous transracial catheterization (TRC). There is now ample evidence (including from our group) that TRC causes extensive damage to the vascular wall and profoundly affects the RA vasoreactivity.[1,2] At present, it is unclear when or even if the morphologic and functional properties of RA grafts return to baseline after TRC, with some studies showing persistent endothelial damage several months after the endovascular procedure.[1] In addition to this, as nicely summarized by the Mounsey and Taggart's own group in a recent review article,[3] the few observational series that have looked at the angiographic outcome of RA grafts after TRC have reported suboptimal early and midterm patency rates.

In our recent publication quoted by Mounsey and Taggart, as well as in our meta-analysis on the comparison between the RA and the right internal thoracic artery,[4] we have no information on previous TRC. Because of its recent introduction and slow diffusion in the cardiology community, it is likely that most of the coronary angiographies were performed transfemorally, especially in the initial part of the study period; however, the hypothesis that the inferior results of RA grafts are related to the high attrition rate of RA grafts used for TRC cannot be excluded.

Mounsey and Taggart are to be commended for pointing out an issue of major relevance for the cardiovascular community. There is a growing amount of evidence in favor of both the use of TRC for coronary angiography[5] and of RA grafts for coronary artery bypass grafting.[6] The decision of which approach to use for diagnostic angiography has major implications for the future management of patients with coronary artery disease and should be part of the heart team discussion.

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Authors have nothing to disclose with regard to commercial support.

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