

Transradial and Transulnar Access Interventions Case Reports accept articles focusing on vascular access techniques in interventional cardiology, including transradial and transulnar approaches, in the form of case reports, case series, video case reports, brief communications, commentaries, and editorials. The goal of the open-access, peer-reviewed **Case Reports and Case Series in Cardiology Journal** is to publish high-impact, clinically relevant reports that improve procedural safety and outcomes.

Vascular access is a critical component of coronary and peripheral interventions. Traditionally, the femoral artery was the primary route; however, transradial access (TRA) and transulnar access (TUA) have emerged as safer and more patient-friendly alternatives. These approaches are associated with reduced bleeding complications, early ambulation, and improved patient comfort.

Transradial Access (TRA)

Transradial access involves cannulation of the radial artery at the wrist and has become the preferred access route for coronary angiography and percutaneous coronary intervention (PCI) in many centers worldwide.

Advantages of Transradial Access:

- Lower risk of bleeding and vascular complications
- Early patient mobilization
- Improved patient comfort and shorter hospital stay
- Reduced mortality in high-risk patients such as those with acute coronary syndromes

Challenges and Considerations:

- Radial artery spasm
- Small vessel size
- Anatomical variations
- Learning curve for operators

Transulnar Access (TUA)

Transulnar access is an alternative vascular access route used when radial access is not feasible or has failed. It utilizes the ulnar artery, which runs parallel to the radial artery and can provide adequate access for coronary interventions.

Indications for Transulnar Access:

- Failed or occluded radial artery
- Weak or absent radial pulse
- Need to preserve radial artery for future procedures

Advantages:

- Preserves radial artery
- Comparable success rates in experienced hands
- Useful in complex or repeat procedures

Limitations and Risks:

- Deeper vessel location
- Potential for nerve injury
- Technical difficulty compared to radial access

Clinical Applications and Case Reports

This section encourages submission of case reports demonstrating:

- Complex PCI via transradial or transulnar access
- Crossover techniques (radial to ulnar or vice versa)
- Management of access site complications
- Use in high-risk patients (elderly, anticoagulated, renal disease)
- Innovative devices and techniques
- Imaging-guided access and procedural optimization

Case reports highlighting procedural success, complications, troubleshooting strategies, and long-term outcomes are particularly valuable for advancing clinical practice.

Complications of Vascular Access

Although transradial and transulnar approaches are safer, complications may still occur, including:

- Arterial spasm
- Hematoma
- Arterial occlusion
- Pseudoaneurysm
- Nerve injury (more common in ulnar access)

Early recognition and proper management are essential to ensure favorable outcomes.

Symptoms and Clinical Considerations

Most vascular access procedures are well tolerated, but complications may present with:

- Pain or swelling at the access site
- Hand ischemia (rare)
- Numbness or tingling
- Reduced pulse distal to access site

Proper patient selection, pre-procedural assessment (e.g., Allen's test), and operator expertise play a key role in minimizing risks.

Management and Best Practices

Effective strategies for safe vascular access include:

- Careful patient selection
- Use of ultrasound-guided access
- Appropriate sheath and catheter selection
- Anticoagulation and antispasmodic therapy
- Post-procedural monitoring and hemostasis techniques

Timely intervention and adherence to best practices significantly reduce complications and improve procedural success.

Manuscript Submission

Authors are requested to submit their manuscript by using Online Manuscript Submission

Portal: <https://www.casereportsincardiology.org/submit.html> (or) also invited to submit through the Journal

E-mail Id: editor@casereportsincardiology.org.