
We thank Andò et al for their interest in our work. They elegantly focus on several of the clinical and research challenges in relation to acute kidney injury among patients undergoing coronary angiography and intervention. We agree with the authors that prevention of acute kidney injury in this population requires meticulous attention to preprocedural risk stratification and minimization of contrast volume, along with other measures such as hydration and appropriate choice of contrast media. The Minimizing Adverse Haemorrhagic Events by Transradial Access Site and Systemic Implementation of AngioX (MATRIX) investigators are to be commended for including renal outcomes as a study endpoint, and we eagerly look forward to the results of this trial to see whether it validates or refutes our study findings.

Ozeke et al highlight an important clinical concern that is specifically relevant to the care of patients with advanced kidney disease. Patients with chronic kidney disease are at higher risk of developing cardiovascular disease and generally have more extensive and calcific disease compared with those with normal renal function. Furthermore, chronic kidney disease is a well-known risk factor for bleeding complications, an outcome that is specifically and significantly reduced by a transradial approach. This should not, however, be at the cost of the need to preserve radial arteries for dialysis access, and both these factors should be weighed carefully in each patient before choosing between radial and femoral access. We think that both femoral and radial approaches have merits and drawbacks in patients with chronic kidney disease, and the choice of access must be individualized for each patient, carefully balancing the short-term reduction in bleeding against the possibility of radial artery occlusion and future loss of potential dialysis access site. When radial access is chosen, use of smaller sized sheaths, appropriate anticoagulation, liberal antispasm therapy, and patent hemostasis can be helpful in reducing the risk of radial artery occlusion.

Disclosures

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Judith Kooiman, MSc
Department of Thrombosis and Hemostasis and Department of Nephrology
Leiden University Medical Center
Leiden, The Netherlands

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Judith Kooiman, Milan Seth, Simon Dixon, David Wohns, Thomas LaLonde, Sunil V. Rao and Hitinder S. Gurm

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