

The [femoral artery](#) is the most common access route for [cerebral angiography](#) and [neurointerventional procedures](#). [Complications](#) of the [transfemoral approach](#) include [groin hemorrhages](#) and [hematomas](#), [retroperitoneal hematomas](#), [pseudoaneurysms](#), [arteriovenous fistulas](#), [peripheral artery occlusions](#), [femoral nerve injury](#), and access-site [infections](#). [Incidence rates](#) vary among different [randomized](#) and nonrandomized [trials](#), and the [literature](#) lacks a [comprehensive review](#) of this subject.

Oneissi et al. gather data from 16 [randomized clinical trials](#) (RCT) and 17 nonrandomized [cohort](#) studies regarding femoral access-site complications for a review [paper](#). They also briefly discussed [management](#) strategies for these [complications](#) based on the most recent [literature](#).

A [PubMed](#) indexed search for all [neuroendovascular clinical trials](#), [retrospective](#) studies, and [prospective](#) studies that reported femoral artery access-site complications in neurointerventional procedures.

The overall access-site complication rate in RCTs is 5.13%, while in non-RCTs, the rate is 2.78%. The most common complication in both groups is [groin hematoma](#) followed by access-site hemorrhage and [femoral artery pseudoaneurysm](#). On the other hand, [wound infection](#) was the least common complication.

The [transfemoral](#) approach in [neuroendovascular procedures](#) holds risk for several complications. This review will allow further studies to compare access-site complications between the transfemoral approach and other alternative access sites, mainly the [trans-radial artery approach](#), which is gaining a lot of interest nowadays ¹⁾.

¹⁾

Oneissi M, Sweid A, Tjoumakaris S, Hasan D, Gooch MR, Rosenwasser RH, Jabbour P. Access-Site Complications in Transfemoral Neuroendovascular Procedures: A Systematic Review of Incidence Rates and Management Strategies. Oper Neurosurg (Hagerstown). 2020 May 4. pii: opaa096. doi: 10.1093/ons/opaa096. [Epub ahead of print] PubMed PMID: 32365203.

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