

One Catheter, Two Coronaries. Haven't We Seen This Before?

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Short Editorial related to the article: *Impact of One-Catheter Strategy with TIG I Catheter on Coronary Catheterization Performance and Economic Costs*

Radial access is the default for diagnostic coronariography in many centers and, according to the latest consensus, should be in all.¹

Over these more than 60 years, coronariography has been performed by several techniques. One of them, ironically the very first one, using just one catheter to cannulate both coronaries and enter the left ventricle.

With the advent of thinner catheters, better images and less toxic dye media, we've moved towards safest, fastest and less invasive procedures.

The catheter chosen for this study's particular comparison is one of many suitable to cannulate both coronaries when friendly anatomy is present.² The list includes Multipurpose, Amplatz left, Sones type II, etc. These catheters are able to, in a majority of patients, engage the coronaries in a coaxial way, allowing a good quality angiography.

In the current article, authors compare one particular catheter shape (Tiger 1), with the standard catheters dedicated to engage each coronary (Judkins right and left), originally made for femoral approach, but widely adapted for radial access.

Keywords

Coronary Angiography; Coronary Artery Disease; Cardiac Catheterization/methods; Cardiac Catheters; Radiation Dosage.

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