

# The Other Side of the Circulation: The Arterial System

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To the Editor,

We have read with great interest the article entitled ‘Management of Patients with Interrupted Inferior Vena Cava Requiring Electrophysiology Procedures’ by Hanley et al<sup>1</sup> in the latest issue of the journal. We would like to thank the authors for their difficult case series with interrupted vena cava inferior and for successfully performed electrophysiologic studies. Electrophysiologic procedures including mapping and percutaneous catheter ablation of left-sided accessory pathways via the retrograde transaortic approach have been successfully applied techniques in patients with supraventricular tachycardia with and without Wolff-Parkinson-White electrocardiographic pattern for a long time.<sup>2</sup> If no anatomic obstacles are found, a deflectable mapping catheter can easily be advanced from the femoral artery and positioned in the mitral annulus to localize the accessory pathway, even in patients with congenital anomalies.<sup>3</sup> One should keep in mind that the retrograde transaortic approach has the potential adverse events related to percutaneous arterial access and tight contact with valvular leaflets although it seems as a simpler and less time consuming approach requiring less specialized equipment compared to the transseptal way.

Mapping and percutaneous catheter ablation of the atrioventricular node or the His bundle can also be performed from the left side via the retrograde transaortic approach. Some electrophysiologists prefer the retrograde transaortic route as a first-line approach although most operators perform catheter ablation from the venous side.

The electrophysiologists’ preferences are generally based on experience, familiarity with the equipment and the procedure, and personal thoughts about the patient.

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**Conflict of interests**

The authors declare that there are no conflict of interests.

**References**

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