Several radial artery anatomic variations have been described (1,2). These are especially important for the radialists in the catheterization laboratory for troubleshooting, especially with the growing popularity of the radial artery as the preferred access site for diagnostic and interventional coronary angiographic procedures. Variation in the origin of the radial artery is a common anomaly in the upper limb. However, the distal part of its course shows a constant pattern. Here, we report the unusual course of a duplicate radial artery in the lateral forearm and the dorsum of the hand.

A 56-year-old woman presented to our clinic reporting exertional chest pain. A nuclear stress test was suggestive of ischemia in the inferior wall. This was followed by cardiac catheterization, which was planned from the right radial approach. The patient had 1+ right radial pulse with normal results on Allen's test. Access was obtained in the right radial artery using the Seldinger approach. A 6-F Slender sheath

![Image](image_url)

**FIGURE 1** Angiography Through Cannulated Hypoplastic Radial Artery Refluxing Into Large Anomalous Duplicate Radial Artery

Contrast injection through the small, hypoplastic radial artery (HRA) at the wrist, which refluxes at the brachial artery level into a large, laterally located duplicate radial artery (DRA) that crosses distally to the dorsum of the wrist.

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(Terumo, Tokyo, Japan) was placed, and intra-arterial nitroglycerin was infused. Advancing a Tiger catheter (Terumo) over a 0.035-inch J-wire was challenging, as the wire could not be advanced past the midforearm level. Contrast injection was performed through the sheath and demonstrated a small radial artery with another larger anomalous vessel originating at the elbow level and migrating laterally (Figure 1). A 2+ pulse was palpated at the dorsum of the hand. Another 6-F Slender sheath was placed under ultrasound guidance in the duplicate vessel, and coronary angiography was completed with no difficulty (Figure 2).

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