wonder if the researchers randomly assigned the patients into the groups, or if there was a selection bias driven by mostly echocardiographic echogenicity. Although in the Methods section they mentioned that obese patients were excluded due to the vague transthoracic echocardiography acoustic window, they did not report this issue in the selected population. Therefore, the authors should address the above-mentioned concern in their paper. In conclusion, good echogenicity makes sole echocardiographic guidance a good alternative to both fluoroscopic and echocardiographic guidance, especially in the younger patient population. However, before the planned procedure, the operator should define the best candidate for this option.

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References