



## BÖLÜM 68

### Mitral Kapak Cerrahisi Sonrası Komplikasyonlar

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#### 1. GİRİŞ

Edmunds ve ark'ları<sup>1</sup> protez kapak replasmanı sonrası sonuçlarını raporladıkları kılavuzlarında replasman sonrası erken komplikasyonların;

- Yara yeri enfeksiyonları
- Operasyonel kanamalar
- Disritmi
- Kapağa ait yapısal ve yapısal olmayan komplikasyonlar
- Kapak endokraditi
- Sağ veya sol ventrikül yetmezliği
- Sol ventrikül rüptürü

Geç komplikasyonların ise;

- Tromboemboli (serebral, periferik ya da intestinal siteme olabileceği gibi kapak lifletlerinin trombüs nedeniyle fonksiyonunu yitirmesi şeklinde de olabilir)
- Yüksek doz antikoagulan kullanımına bağlı; eklem, cilt altı, gastrointestinal sistem, idrar yolları ve mukozalarda oluşan kanama komplikasyonları
- Protez kapak endokarditi
- Yapısal ve yapısal olmayan işlev bozuklukları

- Ani ölüm ve ileti bozuklukları olduğunu belirtmişlerdir.

Yayımlanan 2000'den sonraki çalışmalarda ise, hasta-yılı başına %0,7-3,5 kapak ile ilgili komplikasyon olduğu bildirilmiştir<sup>2-4</sup>.

#### 1.1 Yara Yeri Enfeksiyonları

Kalp damar cerrahisinde, mediastinit ve sternal yara enfeksiyonları sık enfeksiyonlar olup en sık gözlenen enfeksiyon etkenleri ise, stafiokokus aureus ve koagülaz negatif stafilokoklardır. Bu sebeple operasyonlarda genellikle, anestezi indüksiyonu esnasında profilaksi önerilmektedir. Profilaksi süresi 72 saate kadar uzatılabilmekle birlikte, bu sürenin 24 saati geçmemesi tavsiye edilmektedir. Profilaktik antibiyotik uygulamasının, göğüs ve mediasten tüplerin alınmasına kadar uzatılmasını destekleyecek bilimsel kanıt yoktur. Ayrıca, kapak disfonksiyonu, regürjitasyonlu mitral kapak prolapsusu, hipertrofik kardiyomiyopati, daha önce endokardit saptanması gibi durumunlarda da endokardit gelişme riski yüksektir. Bu tür riskli girişimlerde mutlaka profilaksi uygulanması gerekir. Enfeksiyon gelişimini etkileyen risk faktörleri;

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lantasyonu ile tedavi edilemeyen şiddetli mitral yetmezliği ve mitral kapak yaralanması gibi yukarıda belirtilen komplikasyonlarla ilgilidir.

**4.2.6 Başarısız Prosedür:** İşlemsel başarısızlık oranı %0-26 arasındadır. Bununla birlikte, prosedürel başarının olmamasının tanımı konusunda büyük bir değişkenlik vardır ve buna karar vermek operatöre bırakılmıştır. Teknik başarı, mitral anatomiye, operatör deneyimine ve kullanılan cihaza bağlıdır. Yeni nesil cihazlar ile çalışmak daha kolaydır ve klibe bağlı hareketler daha iyi tolere edilir. İlk deneyimlerden sonra, daha karmaşık vakalarda bile, erken dönem prosedür başarıları %90'ın üzerinde olmuştur.

**4.2.7 Ekstrinsik Koroner Arter Kompresyonu:** Koroner arterlerle, özellikle sol sirkumfleks arterle yakınlığı göz önüne alındığında, cihazın açılması ve gerilmesinden sonra bu arterlerin sıkıştığı izlenebilir. Hastaların %16'sında bir ramus dalı veya diagonal arterin<sup>76</sup> %65-80'inde ise bir circumflex arterin koroner sinüs ve mitral kapak alanı arasından seyrettiği izlenebilir<sup>77</sup>. Cihazın yerleştirilmesinden hemen önce koroner anjiyogram, eş zamanlı bir koroner sinüs venogramı, olası koroner arter ekstrinsik kompresyonunu değerlendirmek için yeterlidir. Dolaylı kompresyon nedeniyle önemli koroner daralma olması durumunda, implante edilen cihazın etkisi azaltılmalıdır.

**4.2.9 Sol Ventrikül Sistolik Fonksiyonunun Akut Bozulması:** Bu fenomen genellikle geçicidir. Cerrahi mitral kapak onarımına kıyasla daha az sıklıkta olmasına rağmen, dolaşımı desteklemek için inotropik ilaçlar gerekebilir. Ancak  $\beta$ -adrenajik agonistlerin miyokard iskemisine, aritmilere iyi geldiği ve şiddetli sol ventrikül disfonksiyonu olan hastalarda orta dönem mortaliteyi azalttığı gösterilmiştir<sup>78</sup>. Bu durumda işlem öncesi, sırası ve sonrasında 0.01  $\mu\text{g}/\text{kg}/\text{dk}$  levosimendan uygulanması, perkütan fonksiyonel mitral yetmezliğinin düzeltilmesini takiben akut hemodinamik kötüleşme riskini azaltmaya yardımcı olabilir<sup>79</sup>.

**4.2.10 Diğer Ciddi komplikasyonlar:** İmplantasyonu sırasında (veya sonrasında) bildiri-

len diğer olaylar şunlardır; perikardiyal efüzyon (muhtemelen prosedürle ilgili), sol femoral psödoanevrizma (işlemlerle ilgili), üst ekstremitte hemiparezisi, gastrointestinal kanama, geç mitral kapak endokarditi sayılabilir<sup>80</sup>.

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