



## KORONER BİFÜRKASYON LEZYONLARINDA İLAÇ SALINIMLI STENTLER

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### Giriş

Teknolojik gelişmelerle balon anjiyoplasti ile başlayan invaziv girişim serüveni önce çıplak metal, ardından ilaç salınımlı stentler ile devam etmiştir. Özellikle yeni nesil ilaç salınımlı stentlerin (İSS), çıplak metal stentler ile karşılaştırıldığında, kontrollü olarak salgıladıkları antiproliferatif ajanlar sayesinde restenoz, tekrar revaskülarizasyon, ölüm ve miyokart enfarktüsü oranlarını azaltmada çok daha etkili olması nedeniyle girişimsel işlemlerde kullanımı hızla artmıştır (1,2). Günümüzde yeni nesil koroner stent sistemlerinin güvenilirlik ve etkinliği koroner baypas greftleme ile yarışabilir seviyeye gelmiştir.

Bifürkasyon lezyonları mevcut perkütan koroner girişimlerin %15-20'sini oluşturmaktadır (3). Koroner darlıklar sıklıkla hemodinamik türbülansa bağlı olarak damarların dallanma bölgelerinde ortaya çıkmaktadır (4,5). Bifürkasyon lezyonlarına yapılan revaskülarizasyon girişimleri, yeni teknoloji ve gelişmelere rağmen daha fazla kontrast kullanımı, daha uzun işlem süresi, hasta ve operatörün artmış radyasyon maruziyeti, düşük işlem başarısı, yüksek stent trombozu ve restenozu ile ilişkilidir (6).

### İlaç Salınımlı Stentlerin Temel Özellikleri

İSS, a) metalik stent iskeleti, b) ajanların kontrollü salınımını sağlayan polimer kaplama, c) antiproliferatif ajan olmak üzere üç kısımdan oluşur.

#### Metalik Stent İskeleti

İSS' de ilk olarak paslanmaz çelik kullanılmıştır. İlerleyen zamanlarda krom-kobalt iskelet ile artmış radyal güç sağlanmış ve daha ince stent strutları üretimiyle

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önemli bir katkısı vardır. Güncel veriler ışığında 1-stent stratejisinde (ESS daha iyi performans gösterir) İSS' ler arasında önemli bir fark yoktur. 2-stent tekniği ile tedavi edilen koroner bifürkasyon lezyonlarında 2. kuşak ilaç salınlı (everolimus) stentler 1. kuşak ilaç (sirolimus veya paklitaksel) salınlı stentlerden üstündür. Yine 2-stent tekniği ile tedavide 2. kuşak ilaç (everolimus) salınlı stentler ile 3. kuşak ilaç (biolimus) salınlı stentler arasında bir fark yoktur.

**Anahtar Kelimeler:** Koroner bifürkasyon, ilaç salınlı stent, everolimus, 2-stent tekniği, 1-stent tekniği

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