



## **Giriş**

Transradyal (TR) koroner girişimler son 25 yıldır uygulanmaktadır. TR yöntemi, medikal teknolojik gelişmeler ile girişimsel kardiyolojide standart bir giriş yolu haline gelmiştir. Koroner bifürkasyonların perkütan girişimi gün geçtikçe artmaktadır. Sol ana koroner arter ve diğer koroner bifürkasyonlarda TR yaklaşım ile başarılı koroner girişimler rapor edilmesine rağmen çoğu merkezde yetersiz kılavuz kateter desteği, daha geniş kateter gereksinimi, simültane balon ve stentlerin kullanım gerekliliği gibi nedenlerden dolayı TR yaklaşım ile koroner bifürkasyon girişimi hala sınırlıdır.

## **Transradyal Yaklaşım**

TR yaklaşımının transfemoral (TF) yaklaşımdan daha avantajlı olduğunu gösteren birçok çalışmanın ardından radyal girişimler yaygın hale gelmiştir. Radyal arter giriş bölgesinde düşük kanama riski, daha düşük vasküler komplikasyon oranları, kılıfın erken çıkarılabilmesi, hasta konforu, hızlı iyileşme süreci ve düşük maliyet oranı radyal girişimin avantajlarından (1). Bu avantajlara rağmen, transradyal yaklaşım, daha uzun işlem süresi, öğrenme eğrisinin uzun sürmesi, daha yüksek oranda femoral yola geçiş yapılması, geniş arteriyel kılıf ve kateterlerin kullanılmamasından dolayı zor benimsenmiştir (2,3). Uluslararası kılavuzlar giriş yeri bölgesi komplikasyonlarını azaltmak için transradyal yaklaşımı sınıf IIA olarak tavsiye etmektedir (4,5). Şekil 1’ de hastanın radyal girişim ile sahip olduğu konfor görülmektedir.

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LMCA distal bifürkasyon lezyonlarına PKG için TR ve TF yaklaşımları karşılaştıran bir diğer çalışma LABOR çalışmasıdır (54). Bu çalışmada femoral gurupta daha çok giriş yeri komplikasyonları gözlenmesine rağmen işlemsel başarı her iki grupta benzer bulunmuştur.

## Sonuç

Femoral yöntem PKG' lerde standart giriş yeri olarak tercih edilmesine rağmen TR yöntemin kullanımı giderek artmaktadır. TR yöntem ile ilgili yapılan randomize klinik ve gözlemsel çalışmaların gösterdiği önemli faydalar ışığında (daha az kanama komplikasyonu, daha düşük morbidite ve mortalite oranları, iyileşmiş yaşam kalitesi, daha iyi ekonomik sonuç) TR yöntem baskın yöntem haline gelmektedir. Güncel kanıtlar tüm girişimsel kardiyologların TR yöntemle kalp kateterizasyonunda uzmanlaşması için makul bir çaba sarf etmesi gerektiğini tavsiye etmektedir. Ayrıca artan operatör tecrübesi, teknik gelişmeler ve cihaz teknolojisi ile birlikte TR yöntem tanısal koroner anjiyografi, rutin koroner anjiyoplasti ve koroner bifürkasyon stentlemede standart bir vasküler erişim yolu olacaktır.

**Anahtar kelimeler:** koroner bifürkasyon, transradyal yaklaşım, transfemoral yaklaşım, sol ana koroner

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