BÖLÜM 1

İNTRAKRANİAL ANEVRİZMA VE ENDOVASKÜLER ANEVRİZMA TEDAVİSİ

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1. ANEVRİZMANIN PATOFİZYOLOJİSİ

İntrakraniyal anevrizma (İA) yıkıcı sonuçları olabilen serebral vasküler bir hastalıktır. Sıklığı yaş, cinsiyet ve etnik kökene bağlı olarak değişmekle birlikte genel popülasyonda %3 oranında görülür [1]. ia arterial duvarın elastik laminasında kayıp ve media tabakasının morfolojik yapısının bozulması sonucu oluşmaktadır [2]. Arter duvarında ki anevrizmatik genişleme ve anevrizma rüptürüne neden olan patofizyolojik süreçler hala net olarak anlaşılamamıştır. Ancak yapılan çalışmalar ışığında ki en olası teori inflamasyon teorisidir. İnflamasyon teorisi; arteriyel duvarda lokal matriks kaybı ile beraber inflamatuar birtakım süreci içermektedir. Anevrizma formasyonu, hemodinamik etkiler (sheer stress, yüksek tansiyon) sonucu oluşan endotel disfonksiyonu ile başlar [3]. Endotel disfonksiyonu ile tetiklenen arter duvarındaki inflamasyon süreci, klasik inflamasyonun ana komponentleri olan lökositler, kompleman faktörleri, immünoglobulinler ve sitokinleri içermektedir [3]. Anevrizma oluşmasında ve progresyonunda bu inflamasyon sürecindeki makrofaj kaynaklı matriks metalloproteazları (MMP 2 ve 9) önemli rol almaktadır [4]. MMP 2 ve 9 enzimleri, arter duvarını oluşturan ve ana matriks sentezleyicisi olarak görev yapan düz kas hücrelerinin disfonkiyonuna ve ekstrasellüler matriksin dejenerasyonuna neden olmaktadır [4, 5]. Sonuçta arter duvarında oluşan fokal bir zayıflık ve hemodiamik süreçler özellikle yüksek tansiyon arter duvarında anevrizmatik genişlemeye neden olmaktadır. İnflamasyon teorisini destekleyen diğer bir bulgu da aspirin kullanımı ve anevrizma rüptürü arasındaki ilişkidir. Haftada 3 kez aspirin alan ve İA' sı olan hastalarda anevrizma rüptürü önemli ölçüde azalmaktadır [6]. Aspirinin antiinflamatuar etkisi, anevrizma mikroçevresinde ki inflamasyonu baskılıyor olabilir.

İA'lar genellikle sporadik olup hastaların çok az bir kısmında herediter geçiş mevcuttur. Birinci derece akrabalarından birinde anevrizma olan hastalarda İA sıklığı %4' e, ikisinde anevrizma olan hastalarda ise İA sıklığı %8' e kadar çıkmak-

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