5. BÖLÜM

KARDİYAK KOMPRESYON SENDROMLARI

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› Miyokardiyal Köprüleşme (Bridge)

Tanım:

Miyokardiyal köprüleşme (MK), epikardiyal koroner arterin genellikle bir kısmının tünel içinden geçer gibi miyokard tabakasının içinde seyretmesi olarak tanımlanmaktadır (resim 1) (1). Buna bağlı olarak koroner arterin miyokardiyal kas tabakası içinde kalan kısmı sistol esnasında kompresyona maruz kalmaktadır. Miyokardiyal köprüleşme yüzeyel ve derin olmak üzere ayrılmaktadır. Yüzeyel MK'lar koroner akımı kısıtlamazken derin olanlar koroner kompresyona neden olarak miyokardiyal iskemi oluşturmaktadır (2).

Resim 1: Epikardiyal yüzeyde seyri olan koroner arterin bir tünele girer gibi miyokardiyal kas tabakası içine girip belli bir alan içinde seyri sonrası epikardiyal yüzeyde tekrar seyri grafik üzerinde açıklanmaya çalışılmıştır (Doç. Dr. Sadık Volkan Emren'den).

Epidemiyoloji:

Miyokardiyal köprüleşmenin sıklığı oldukça değişkenlik göstermektedir. Bunun da en önemli nedeni değerlendirilen tarama yöntemlerinin duyarlılığının

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yektomi operasyonunda tünele neden olan miyokard diseke edilmektedir. Kompreyon oranı %75'ten fazla ve iskemi gösterilmiş hastalarda tercih edilmektedir (29). Miyektomi; myiokardiyal rüptür, anevrizma ve kanama ile ilişkili bulunmuştur. Miyektomiden sonra gelen bypass seçeneği ise tünel derinliği 5 mmden ve tünel uzunluğu 25 mmden fazla olan olgularda tercih edilmelidir (30). Koroner arter baypas grefti ile ilgili ilginç olan nokta sol internal mammariyan arterin okluzyon sıklığının safen greftlere göre daha yüksek olmasıdır. Bu nedenle köprülemeye özel olarak safen greft tercihi daha makul gözükmektedir (31).

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