

7. BÖLÜM

GÖVDE VE GÖVDE DUVARI VASKÜLER KOMPRESYON SENDROMLARI

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Göğüs duvarı kompresyon sendromları anatomik olarak toraks duvarını oluşturan yapıların basısı sonucu meydana gelen patoloji ve klinik tablo ile oluşan hastalıklar grubudur. Göğüs duvarı anatomik olarak çevrelediği kalp ve akciğer gibi hayati öneme sahip organların korunması için gerekli mukavemete sahip olma ile birlikte aynı zamanda esnek ve hareketli yapısı ile solunum fonksiyonlarında önemli görevleri üstlenmiştir. Bununla birlikte göğüs duvarı, toraks içi ile dışını irtibatlandıran anatomik geçiş bölgelerini yapısında bulundurmaktadır. Bu geçişler özellikle perifer ile ilişkili nörolojik ve vasküler yapıları içermektedir. Göğüs duvarı kompresyon sendromları grubu içerisine giren hastalıkların geniş bir kısmını bu anatomik geçiş bölgelerinde meydana gelen torasik çıkış sendromu olarak da adlandırılan hastalık grupları oluşturmakla birlikte diğer bölgelerde meydana gelen internal mammarial arter, vertebral arter bası bozukluk gibi durumları da kapsamaktadır. Hastalık kliniği bası altında kalan nörolojik ya da vasküler yapıya göre farklılık göstererek oluşmaktadır. Konu itibarıyla bu bölümde sadece vasküler bası sonucu oluşan bozukluklar işlenecektir.

› TORASİK ÇIKIŞ SENDROMU

Tanım ve Tarihçe;

Torasik çıkış sendromu (TÇS), torasik çıkış bölgesinde nörovasküler demetin sıkışmasından kaynaklanan üst ekstremitte semptom ve bulguları ile karakterize bir hastalık grubudur. Bu demetin torasik çıkış bölgesindeki üç bileşeni brakial pleksus, subklavyen ven ve subklavyen arterdir. Bu nedenle, hangi yapının sıkış-

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İTERNAL TORASİK ARTER BASISI

Nadir gelişen bir durum olarak özellikle internal torasik arterin (İTA) bypass cerrahisinde kullanımı sonrası koroner iskemi gelişeminden sorumlu olabilmektedir. Bazı merkezler bypass cerrahisi uygulanacak hastalarda koroner angiografi ile birlikte İTAde görüntülüyerek olası lezyon ve bası durumlarını önceden tespit edebilmektedirler (97). İTA de aterosklerotik lezyonların son derece az olmasına rağmen bası ve gelişimsel bozukluklardan ötürü patolojiler gelişebilmektedir. Bu durum bypass cerrahisinde çok önem kazanmaktadır. Akçay ve arkadaşları yaptıkları çalışmada sol İTA nın pektoralis minör kası tarafından basıya maruz kaldığını angiografik olarak pozisyon değişikliği ile birlikte göstermişlerdir. Bu bası travma ve tümöral yapılar tarafından doğal olarak gelişebilecek iken kas ve fibröz yapıların gelişimsel anormalliklerinden dolayı da olabilecektir.

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