Bölüm
65

PULMONER ANJİYOGRAFİ

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Pulmoner arterler, farklı yöntemlerle değerlendirilebilir. Tarihsel olarak, sıklıkla şüpheli pulmoner emboli (PE) tanısında kateter aracılı pulmoner anjiyografi kullanılmıştır. Bununla birlikte, son yirmi yılda kateter anjiyografisi, üstün duyarlılığı ve özgüllüğü nedeniyle Bilgisayarlı Tomografi Anjiyografisi (BTA)'ne yerini bırakmıştır (1). Manyetik Rezonans ve Ventilasyon/Perfüzyon taramaları gibi diğer invaziv olmayan yöntemler de, pulmoner arter anatomisini ve hemodinamiğini değerlendirmek için kullanılmaktadır (2). Günümüzde konvansiyonel pulmoner anjiyografinin ana klinik faydası, terapötik müdahale ve seçilmiş vakalarda pulmoner arterlerin preoperatif değerlendirilmesi içindir.

Pulmoner arter anatomisi

Geniş kapiller yatak ve seri olarak bağlanan pulmoner venöz ağaçtan oluşan pulmoner arteryel dolaşım, gaz değişimi için geniş bir yüzey alanı sağlayan düşük basınçlı, yüksek kapasitanslı bir sistemdir. Ana pulmoner arter, sağ ventrikül çıkış yolundan kaynaklanır ve aorttan arkaya ve sola doğru ilerler (3). Aortik arkın altında, karina seviyesinde sağ ve sol ana pulmoner arterlere çatallanır. Sağ ve sol pulmoner arterler, her biri 2 lober dala ve ardından segmenter ve alt segmenter dallara ayrılır (Şekil-1).

Sağ pulmoner arter, perikard içinde mediastende yatay olarak seyrederek sağ ana kök bronşun önünden asendan aortanın arkasından ve vena kavanın üstünden seyreder. Perikarddan ayrılırken sağ ana kök bronşun önünde uzanır. İlk dalının orijininden sonra trunkus anterior, interlobar pulmoner arter, arkadan bronkus medius ile anterior arasında aşağı doğru uzanır. Orta lob bronşunun kökeni arkasından arkaya döner, ortak bazal gövde olarak devam eder ve bazal segmentlere doğru sonlanır. Trunkus anterior sağ üst lobu besler ve interlobar fissürde seyreden interlobar arter, sağ orta ve sağ alt lobları besler. Sağ üst lobun segmenter arterleri, en yaygın arteriyel paternde, apikal ve anterior segmentleri besleyen tek anterior gövde veya trunkus anterior bulunurken, arka segmenti besleyen tek dal bulunur. Diğer yaygın varyantlar apikal, anterior ve posterior segmentleri beslemek için trunkus anteriorun trifurkasyonunu ve posterior segmente 2 ayrı dalın bulunmasını içerir. Bazen, üst lob için orta lobdan segmenter besleme veya üst segment sağ alt lob arteri olabilir. Sağ orta lobda segmenter arterler; orta lob segmenter arterleri, sağ interlobar arterin anteromedial yönünden kaynaklanır çünkü bronş aralığına anterior ilerler. Arterlerin orta lobun medial ve lateral segmentlerine ayrı veya ortak orijini olabilir. Sağ alt lobda segmenter arterler, tipik olarak, sağ alt

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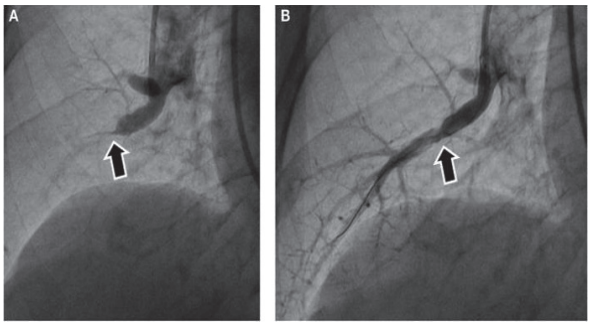

Şekil-2. Balon pulmoner anjiyoplasti öncesi ve sonrası pulmoner anjiyografi (39)

Anahtar Kelimeler: pulmoner anjiyografi, balon pulmoner anjiyoplasti, pulmoner emboli, kteph

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