

18. BÖLÜM

AORT KOARKTASYONU

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GİRİŞ

Aort koarktasyonu (AoK), tipik olarak sol subklaviyen arterin hemen distalinde duktus arteriyozusun girişinde yer alan torasik aortun daralması olarak tanımlanır (1-4). Bununla beraber, koarktasyonun yerleşimi arkus aortun diğer çeşitli yerlerinde (proksimal enine), torasik veya abdominal aortta da olabilir (Şekil 1). AoK, tüm konjenital kalp hastalıklarının %6-8' ini oluşturur ve 10.000 canlı doğumdan 3-4 vakada meydana gelir. AoK, genellikle diskret bir darlıktır ancak uzun bir segmentte ve / veya kıvrımlı da olabilir. Diskret AoK tek başına ortaya çıkabilir, ancak genellikle biküspit aort kapağı (%60-85), aortik ark hipoplazisi ve diğer ark anomalileri (%18), ventriküler septal defekt (%13), mitral kapak anormallikleri (%8), subaortik darlık (%6) dâhil olmak üzere diğer konjenital kalp defektleri ile ilişkilidir. AoK, Turner sendromu ve Williams Beuren sendromu gibi bazı sendromlar ile ilişkili olabilir. AoK hastalarında sağ subklaviyen arterin anormal orijini (vakaların %4-5' inde), kollateral arteriyel dolaşım ve intraserebral anevrizmalar (%10' a kadar) dâhil olmak üzere ekstrakardiyak vasküler anomaliler bildirilmiştir (1-3).

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