

## 20. BÖLÜM

## KORONER ARTER ANOMALİLERİ

Abdulcebbar ŞİPAL<sup>1</sup>

### GİRİŞ

Normal popülasyonda doğuştan koroner arter anomalileri yaklaşık olarak %0.2-1.2 oranında saptanmaktadır (1,2). Koroner arter anomalileri, genellikle başka endikasyonlarla yapılan anjiyografik görüntülemelerde veya otopsi serilerinde rastlantısal olarak saptanabildikleri için gerçek prevalansı bilinmemektedir. Koroner arter anomalileri seyrek olup sıklıkla iyi huyludur; bazı hastalarda anjina pectoris, hemodinamik bozukluklar, akut miyokart enfarktüsü ve sıklıkla genç sporcularda ani kardiyak ölümle sonuçlanabilecek kadar ciddi klinik tablolarda karşımıza çıkabildiklerinden önemli bir konu başlığıdır (3,4).

Koroner arter anomalileri (KAA), hemodinamik önemleri veya anatomik özellikleri baz alınarak (çıkış, seyir ve sonlanma şekilleri gibi) bir çok şekilde sınıflandırılmıştır. Her ne kadar miyokardiyal bridge, görülme sıklığı nedeniyle bir anomaliden çok normalin bir varyantı olarak kabul edilse de koroner anomaliler başlığı altında değerlendirilecektir. En sık kullanılan üç sınıflama aşağıdaki tablolarda gösterilmiştir (5-8).

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