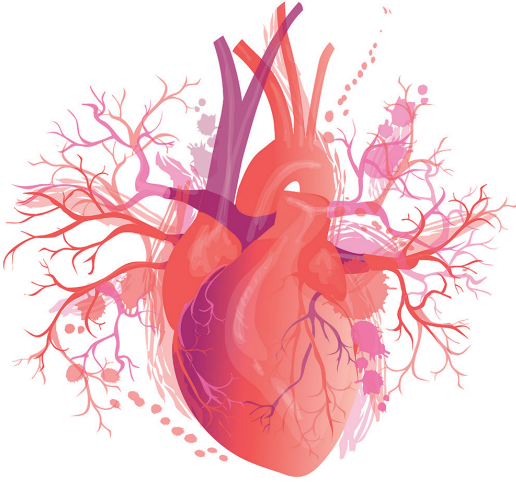


BÖLÜM 16



HOMOGREFT, OTOGREFT VE HETEROGREFTLER

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GİRİŞ

Kalp kapak hastalıkları, konjenital malformasyonlar, romatizmal kalp hastalığı ve dejeneratif hastalık gibi çok çeşitli etiyojileri nedeniyle dünya çapında önemli bir sağlık yükü olmaya devam etmektedir. (1). Yaşlanan nüfusun büyük romatizmal kalp hastalığı yükü ve tıbbi tedavilerde elde edilen kötü sonuçlar nedeniyle, dünya çapında 300.000'den fazla kapak değişimi gerçekleştirilmektedir (1,2). Dünya çapında kapak replasmanı gerektiren hasta sayısının 2050 yılına kadar üç katına çıkacağı tahmin edilmektedir (2,3).

Mekanik kapaklar, kapak disfonksiyonu açısından en dayanıklı seçenek olmakla birlikte, ileri yaş ve antikoagülasyonun getirdiği kırılabilirlik nedeniyle biyoprotez kapaklar da uygun hastalarda tercih edilmektedir. Antikoagülasyonun risklerinin kapak dejenerasyonu riskleri ile kıyaslanıp hastaya bilgi verilmeli, sonuçta da ortak bir karar ile protez kapak seçimi yapılmalıdır (4).

STENTLİ BİYOPROTEZ KAPAKLAR

Son 50 yılda hemodinamik fonksiyonu iyileştirmek, dayanıklılığı artırmak ve komplikasyonları azaltmak amacıyla çok çeşitli protez kapaklar geliştirilmiştir. Bununla birlikte ideal bir kapak yoktur ve tüm protez kapaklar disfonksiyona eğilimlidir. Protez kapaklar biyolojik veya mekanik olarak geniş bir şekilde gruplandırılmakta. Günümüzde implante edilen kapak tipleri arasında iki yaprakçıklı ve eğimli disk mekanik kapakları ve biyolojik kapaklar arasında da stentli domuz ve perikardiyal heterogreftler, stentsiz domuz heterogreftleri, kadavra homogreftleri ve otogreftler (Ross prosedürü) yer alır. Stentli heterograft, en sık kullanılan biyolojik kapak türüdür. Bunlar kumaş kaplı polimer veya tel stentlerden oluşur. Kapak, tek bir domuz kapağı veya iki-üç ayrı domuzdan yaprakçıkların birleştirilmesinden oluşabilir. Stentli perikardiyal heterogreftlerin uçları, bir şablon kullanılarak perikardiumdan yapılı ve stent direklerinin içine veya dışına dikilir. Ge-

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