

BÖLÜM 4

KORONER GİRİŞİMLER

OLGU 1

Koroner Bifurkasyon Lezyonlarına Yaklaşım, Sirkumfleks Arter- Obtus Marjinalis Lezyonuna Çift Öpüşme Mini (Double Kissing Nano-Crush) Yöntemi ile Müdahale Olgusu

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Olgu Sunumu

51 yaşında bilinen diyabetes mellitusu ve hipertansiyonu olan hasta Kanada kalp cemiyeti sınıf 2-3 angina ve efor dispnesi ile başvurdu. Fizik muayenesinde ve EKG'sinde özellik olmayan hastanın transtorasik ekokardiyografik görüntülemesinde sol ventrikül çapları normal, sol ventrikül ejeksiyon fraksiyonu %62 ve evre 1 diyastolik disfonksiyon saptandı. Egzersiz stres testi pozitif gelen hastaya koroner anjiyografi yapıldı. Yapılan koroner anjiyografide (video 1 ve 2) sol ana koroner arter (LMCA), sol ön inen arter (LAD) ve sağ koroner arterde (RCA) belirgin lezyon saptanmadı. Sirkumfleks arter (Cx) orta kesimde obtus marjin (OM) dalını da içine alacak şekilde kritik lezyon izlendi. Lezyon Medina sınıflamasına göre 1,1,1 olarak sınıflandırıldı. Hastanın belirgin iskemi bulgusu olması üzerine kritik koroner lezyona perkütan koroner girişim (PKG) planlandı. Çift stent stratejisine ve nano-crush tekniğine uygun olduğu belirlendi. Öncelikle LMCA'ya destek kılavuz katater ile oturuldu. Cx ve OM kritik lezyonlar kılavuz tel ile geçildi (Video 3 ve 4). Ardından Cx'deki lezyona 1,5x20 mm ince profil ve 2,0x20 mm normal profil balonlar ile predilatasyon işlemleri uygulandı (Video 5 ve 6), pre-dilatasyon sonrası OM dalına 2,75x15 mm balon park edilerek Cx'e

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Kaynaklar

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