



## GLİKOPROTEİN IIb/IIIa İNHİBİTÖRLERİ

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### GİRİŞ

Trombosit aktivasyonu, farklı görevlere sahip çok sayıda protein molekülünün trombosit üzerinde bulunan reseptörlere bağlanmasıyla gerçekleşir. Bunlar içinde Glikoprotein (GP) IIb/IIIa reseptör proteini trombosit yüzeyinde en yoğun olan proteindir. İnaktif trombosit hücre yüzeyinde yaklaşık 50 ila 80 bin GP IIb/IIIa reseptörü bulunduğu tahmin edilmektedir.<sup>1</sup> GP IIb/IIIa reseptörleri, hücreler arasında etkileşim sağlayan integrinler ailesindedir. Integrin reseptörleri hücre-hücre ve/veya hücre-matriks etkileşimini sağlarlar. Alfa ve beta sub-ünitelerinden oluşur.<sup>2</sup> GP IIb/IIIa reseptörü, trombosit agregasyonunun uyarılmasında önemli bir rol oynar. Hangi yoldan ilerlerse ilerlesin trombosit aktivasyonu ve agregasyonunun, son olayı fibrinojen molekülünün GP IIb/IIIa reseptörüne bağlanmasıdır. Bu aşamada trombositlerde oluşan agregasyon GP IIb/IIIa reseptörlerinde bulunan proteinlerde değişime sebep olarak fibrinojene bağlanmaya olanak sağlar. Reseptörün bu fonksiyonunun engellenmesi, akut koroner sendrom (AKS) tedavisi için mükemmel hedef oluşturmaktadır.<sup>3,4</sup>

GP IIb/IIIa reseptör antagonistinin varoluşu murin monoklonal antikorların keşfi başlamış ve sonrasında, trombosit agregasyonunun düşük doz bağımlı ADP inhibisyonuna dikkat yönlendirmiştir. Bir şimerik monoklonal antikor fragmanı absikimab GP IIb/IIIa reseptör kompleksini fibrinojen ve von Willebrand faktörünün bağlanmasını engelleyerek inhibe eder. Eptifibatid ve tirofiban GP IIb/IIIa reseptörünün bloke edilmesi de absikimaba benzer şekilde gerçekleşir. Eptifibatid,

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