

Bölüm 5

TORASİK OUTLET SENDROMU

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GİRİŞ

Torasik outlet sendromu (TOS), nörovasküler demetin, birinci kaburga üzerindeki ve klavikula arkasındaki bölgede çeşitli yapılar tarafından sıkıştırılmasından kaynaklanır (1). Tarihsel olarak TOS için, servikal kaburga sendromu (2), scalen anticus sendromu (3), kostoklaviküler sendrom (4) ve hiperaktivasyon sendromu (5) olmak üzere nörovasküler demetin toraks çıkışındaki patolojisini tanımlamak için birçok isim kullanılmıştır . «Torasik outlet sendromu» terimi, torasik çıkış bölgesi ile ilgili sendromların hepsini kapsayacak şekilde tanımlanmıştır (6).

Brakiyal pleksus kompresyonunda nörojenik (nTOS), subklavian ven kompresyonunda venöz (vTOS) ve subklavian arter kompresyonunda arteriyel (aTOS) terimleri baskın olarak etkilenen yapıyı tanımlamak için kullanılır (7). Nörojenik TOS, torasik outlet sendromu vakalarının %95'inden fazlasını oluştururken, vTOS %3'ü ve aTOS olguların %1'ini oluşturur. Brakiyal pleksusun sıkışması üst ekstremité uyuşukluğu, dizestezi ve güçsüzlüğe yol açar, venöz kompresyon derin ven trombozuna ve ekstremité şişmesine neden olabilir ve arteriyel kompresyon distal tromboemboli, eforla kol ağrısı ("klodikasyon") veya akut arteriyel tromboz ile sonuçlanabilir (8,9).

Her ne kadar torasik çıkış sendromları erişkinlerde yaygın olarak bildirilse de, pediatrik popülasyonda nadirdir olarak görülür. Her üç TOS tipi de çocuklarda bildirilmiştir. Venöz torasik outlet sendromu olan çocuklar için ortak risk faktörleri sporla ilişkili yaralanmaları ve hiperkoagüle durumları içerir (10). Nörojenik TOS ve arteriyel TOS, çocuklarda erişkinlere göre daha sık görülen kemik anomalileri ile ilişkili görünmektedir (11).

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dirmek için DASH skoru kullanıldı ve cerrahi müdahalenin her iki hasta grubunda da yaşam kalitesini artırabileceği sonucuna vardı (72).

aTOS

aTOS tedavisinin sonuçları iskemik semptomların azalması, yaşam kalitesindeki iyileşme ve damar açıklığı ile ölçülür. aTOS için, torasik çıkış dekompresyonunu izleyen uzun dönem sonuçlar distal dolaşımın durumu ile ilişkilidir. Embolizasyona bağlı iskemili üst ekstremiteler daha kötü prognoza sahiptir. İki çalışmayı içeren sistematik bir derlemede, aTOS hastalarının %90'ında Derkash sınıflandırma kategorisinde mükemmel / iyi düzelme sağlandı (62). Ortalama 5.7 ay takipli 55 aTOS vakası bildirimi; hastaların %91'i asemptomatik ve %9'unda egzersiz semptomları vardı (8). Takipte semptomatik olan dört hastadan üçünde brakial arter tıkanıklığı için embolektomi gerekti ve bu durum el iskemisi ile ilişkiliydi. Arteriyel rekonstrüksiyon ve dekompresyon operasyonu olan 18 hastada yapılan müdahalenin ardından başarılı uzun dönem sonuçlar rapor edilmektedir. 18 hastanın sadece 1'inde bypass tıkanması nedeniyle dördüncü ayda tekrar müdahale gerekmiştir (73).

vTOS

vTOS'un cerrahi tedavisinin sonuçları, venöz trombotik semptomların azalması, yaşam kalitesindeki iyileşme, damar açıklığı ve teknik başarı ile ölçülür. Dekompresyonun ardından başarılı tromboliz uygulanan hastaların çoğu, başarılı klinik sonuçlarla birlikte beş yıllık ven açıklık oranlarını %95'in üzerinde buldu (50-53,74). Üç çalışmayı içeren sistematik bir derlemede, vTOS hastalarının %90'ında Derkash'in sınıflandırma kategorisinde mükemmel / iyi bir düzelme sağlandı.

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