

Bölüm 12

AORT DİSEKSİYONLARI

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GİRİŞ

Aort diseksiyonu; akut aortik sendromlar denilen aortun hayatı tehdit edici hastalık kompleksinden biridir. Akut aortik sendromlar; aort diseksiyonu, aortun intramural trombüsünü ve aortun penetran aterosklerotik ülser hastalıklarını içerir (1-2). Akut aortik sendromlar içerisinde en sık görülen hastalık aort diseksiyonlarıdır (3).

Aort diseksiyonu, aortun intima tabakasının yırtılarak intima tabakası ile media tabakası arasında kan girmesi sonucunda intima tabakasının media tabakasından ayrılması veya intramural hematoma oluşması nedeniyle ayrılma ile karakterize acil aort patolojisidir. Bu ayrılma vasküler yataktaki basınçtan dolayı progresif olarak intimal yırtıktan proksimale veya distale doğru uzanır (4).

Gelişmekte olan tıbbi tedaviler ve yeni cerrahi yöntemlerine rağmen hala aort diseksiyonları günümüzde önemli bir mortalite nedenidir. Aort diseksiyonu ani kardiyovasküler ölüm nedenleri arasında miyokard enfaktüsünden sonra ikinci sıradadır (5-6). Son 30 yılda aort diseksiyonunun insidansı 2 ila 4 kat artmıştır (7). Khan ve arkadaşlarının yaptığı bir çalışmada aort diseksiyonlarının mortalitesinin 6 saatte %22,7; 24 saatte %50 ve ilk hafta içerisinde %68 olduğu belirtilmiştir (8). Yapılan başka bir yayında aort diseksiyonu olan hastalarının %40'ının tanı konulamadan hayatını kaybettiği, %5-20 oranında da cerrahi tedavi sırasında ya da cerrahi sonrası erken dönemde hayatını kaybettiği bildirilmiştir (9). Aort diseksiyonunun her saat %1-2 mortalite oranının artması nedeniyle erken tanı ve tedavi çok önem arz etmektedir (10-12).

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sinde kan akımını engelleyerek rüptür oranını düşürmektedir.

Endovasküler tedaviye uygun olmayan hastalarda komplike diseksiyon olması durumunda açık cerrahi seçenekler değerlendirilir. Bunlar iliyak arterlerde girişimi engelleyecek kadar darlık olması yada ileri derece tortioze iliyak arter hastalığı gibi durumlar olup bu hastalarda femoral arter girişimi ile endovasküler stent yapılamaz. Bu hasta grubunda sentetik greftler ile diseke aort kısmı değiştirilir. Açık cerrahilerin mortalite oranları tüm tıbbi iyileşmelere rağmen hala %14-21 arasındadır (80,84). Açık cerrahi yapılan hasta grubunda spinal kord iskemisi %6.8, serebrovasküler olay %9, mezenter arter iskemisi %4.9, ve akut böbrek yetmezliği ihtimali %19 olarak ölçülmüştür (85).

IRAD verilerine göre Tip B diseksiyonlarda tedavi seçenekleri karşılaştırıldığında Tip B diseksiyonu olan hastaların %57 si medikal tedavi almış ve mortalite oranı %10 olarak saptanmıştır. Endovasküler cerrahi yapılan hasta grubu tüm tip B diseksiyonu olan hastaların %32'si olarak saptanmış ve mortalite oranı %14 olarak saptanmıştır. Açık cerrahi tedavi yapılan %7 hastada mortalite oranı %21 olarak saptanmıştır (80). Uluşal veri tabanına raporlarına göre ise endovasküler cerrahi yapılan hastalarda mortalite oranı %7,9 saptanırken açık cerrahi yapılan hastalarda ise %14.3 saptanmıştır (84).

Aort diseksiyonu olan hastalarda hangi tedavi seçeneği kullanıldığından bağımsız olarak uzun dönem takiplerinde de tansiyon arteriyel hedefi 120/80 olarak önerilmektedir. Hipertansiyonun geç dönem mortaliteyi arttırdığı kanıtlanmıştır (86). Beta blokörler diseksiyon sonrası uzun dönemde sağ kalımı arttırdığı kanıtlanmıştır. Bu yüzden hipertansiyonu olmayan hastaların dahi kullanması önerilmektedir (37,87). Kalsiyum kanal blokörleri ve ACE (Anjiotensin Dönüştürücü Enzim) inhibitörleri sağ kalımı arttırmaktadır (87-88).

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