

VENA KAVA SUPERIOR SENDROMU

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Tanım

Vena Kava Superior Sendromu (VCSS), Vena Kava Superior'da kan akımının kısıtlanmasına bağlı olarak meydana gelen klinik tablodur. İlk defa 1757 yılında William Hunter tarafından sifilitik aortik anevrizmalı bir olguda tanımlanmıştır. Baş, toraks ve üst ekstremitelerden sağ atriuma gelen venöz dönüşün kısıtlanması ile klinik bulgular oluşur (1).

Bu klinik tablo Vena Kava Superior'un direk invazyonu ile ya da herhangi bir sebeple dıştan basya uğraması nedeniyle meydana gelebilir. Son yıllarda özellikle kanser hastalarında intravasküler cihazların kullanımının artması ile cihaz ilişkili VCSS meydana gelebildiğini görmekteyiz (2).

Patogenez

Vena Kava Superior (VCS); üst ekstremiteler, toraksın üst kısmı ve baş bölgesini sağ atriuma drene eden ince cidarlı yumuşak yapıda bir damardır. Total venöz dönüşün yaklaşık olarak 1/3 ü VCS aracılığıyla sağ atriuma ulaştırılmaktadır. Bu nedenle VCS'un ani obstrüksiyonu ciddi intrakraniyal basınç artışına neden olur. Normalde 2-8 mmHg olan intrakraniyal venöz basınç 40 mmHg' a kadar artış gösterebilir (3). Artan venöz basıncın etkisiyle zamanla yeni kollateral damarlar oluşur ve bu sayede venöz basınç azaltılmış olur. Kliniğin şiddeti ile kollateral damar oluşumu ters orantılıdır. Esas olarak dört ana kollateral yolak meydana gelir. Bunlar azygos-hemiazygos, internal-external mammarian, lateral torasik ve vertebral kollateral yollardır. Bu kollateral yollar sayesinde VCS'daki venöz akım Vena Kava İnférieur'a yönlendirilerek damar içi basınç azaltılmış olur (4,5).

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