Bölüm 12

ANTİKOAGÜLAN AJANLAR İLE AŞIRI DUYARLILIK REAKSİYONLARINA YAKLAŞIM

Buket BAŞA AKDOĞAN[1]

Antikoagülanlar en sık kullanılan tıbbi ilaçlar arasındadır. Heparinler, hirudinler, kumarinler ve asetil salisilik asit gibi köklü antiplatelet ilaçlara ek olarak, son yıllarda çok sayıda yeni ve ağırlıklı olarak sentetik farmakolojik ajan piyasaya çıkmıştır(1, 2). Bu yeni ajanlar pıhtılaşmanın çeşitli basamaklarında etki gösterir ve tedavi seçeneklerini önemli ölçüde genişletmiştir. Bu ajanların farklı kimyasal yapıları ve farklı etki biçimleri vardır. Hepsi çeşitli patojenetik yolaklara dayalı aşırı duyarlılık reaksiyonlarına (ADR) neden olabilir. Bunların farklı klinik belirtileri ve şiddet dereceleri vardır.(1) İmmünolojik aşırı duyarlılık reaksiyonları genel olarak nadir olmakla birlikte, ortaya çıktıklarında hasta yönetimi üzerinde önemli bir etkiye sahiptir(2).

Bu bölümümüzde amacımız, direkt faktör Xa inhibitörleri ve direkt trombin inhibitörleri dahil olmak üzere daha yeni ajan sınıflarına özellikle dikkat ederek, geleneksel antikoagülan ajanlara karşı halihazırda bilinen ADR'nı ve yaklaşımı tartışmaktır.

Heparinler; tromboembolik bozuklukların profilaksisinde ve tedavisinde kullanılan önemli antikoagülanlardır.

Heparinler, fraksiyonlanmamış heparin (UFH), düşük moleküler ağırlıklı heparinler (DMAH), heparinoidler (ör:danaparoid), pentasakkaritlere (ör:-fondaparinuks,idraparinuks) kadar geniş bir ajan yelpazesini oluşturur(2).

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yon için literatürde en geniş veriye sahiptir.Bununla birlikte, danaparoid in vitro olarak kısmen çapraz reaktif olabilir.Ayrıca fondaparinuks, belgelenmiş HIT II hastalarından alınan serumla çapraz reaksiyona girmediği için güvenli görünmektedir (5).Bununla birlikte, çapraz reaktivite bildirilen çalışmalar nedeniyle tamamen farklı kimyasal yapıları nedeniyle hirudinler ve yeni oral antikoagülanlar antikoagülasyon için tek güvenli alternatiftir.

Tablo 2. Heparın Desensitizasyon Protokolü(39)

Gün	Doz
1. Gün	10 U heparin 1000 mL salin içinde 42 mL/saatte 24 saat
2. Gün	24 saat boyunca 42 mL/saatte 1000 mL salin içinde 100 U heparin
3. Gün	24 saat boyunca 42 mL/saatte 1000 mL salin içinde 1000 U heparin
4. Gün	24 saat boyunca 42 mL/saatte 1000 mL salin içinde 5000 U heparin
5. Gün	24 saat boyunca saatte 500 U heparin
6. Gün	100 U/saat Kardiyopulmoner bypasa başlamadan 3 saat öne

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