

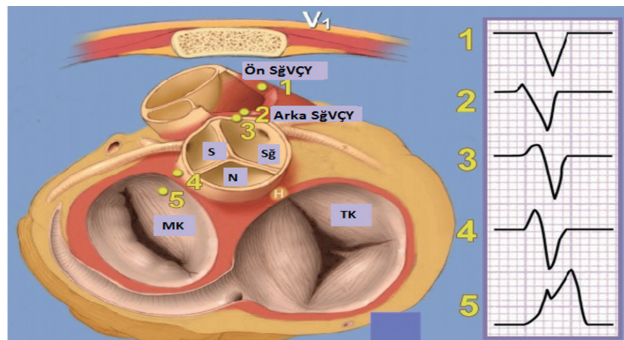
VENTRİKÜLER ERKEN VURU ABLASYONU SIRASINDA OLAN SOL ANA KORONER DİSEKSİYONU, OLASI KOMPLİKASYONLAR VE KOMPLİKASYONLARA YAKLAŞIM

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GİRİŞ

Ventriküler erken vurular (VEV) sık görülmekte ve sağlıklı insanların Holter kayıtlarında %75 oranında saptanmaktadır⁽¹⁾. Görülme sıklığı hipertansiyonu, obezitesi, uyku apnesi ve yapısal kalp hastalığı olanlarda daha da artmaktadır. Genel olarak yapısal kalp hastalığı olmayan kişilerde nadir görülen VEV'ler benign olarak kabul edilir⁽²⁾. Ancak VEV oranı yüksek hastalarda inme ve mortaliteyi içeren kardiyovasküler olaylar iki kattan daha fazla görülmektedir^(3,4). VEV ler sıklıkla sağ ventrikül çıkış yolundan (SğVÇY), nadiren de sol ventrikül çıkış yolundan (SVÇY) kaynaklanır⁽⁵⁾. VEV lerin kaynaklandığı diğer yerler ise özellikle sol posterior fasikülü (genç erkeklerde) içeren

his purkinje sistemi; papiller kas, moderator band ve yalancı (false) tendonları içeren endokaviter yapılar; aort ve pulmoner anulus ve de her iki atriyoventriküler kapaklardır⁽⁶⁻⁸⁾. Son zamanlarda ise aort mitral kapak devamlılığında yakın mitral anulus anterolateral bölgeden kaynaklı az sayıda VEV ler de bildirilmiştir^(7,9,10) (**Şekil 1**). Yapısal kalp hastalığı olanlarda VEV ler; tek taraflı blok ve skar dokusu içindeki elektriksel olarak canlı yapılardan kaynaklanan yavaş iletimin oluşturduğu "re-entri"den köken alır⁽¹¹⁾. Intrakardiyak defibrilatör kablosu, sol ventrikül asist device inflow kanülü, mitral valv prolapsusunda papiller kaslar arası etkileşim ile sonuçlanan gerilme, mekanik irritasyon ve fibrozis de VEV lere neden olabilir⁽¹²⁾.



Şekil 1: VEV'lerin kaynaklandığı odaklar ve V1 derivasyonundaki EKG görüntüleri. SğVÇY: Sağ ventrikül çıkış yolu, Sğ: Sağ, S: Sol, N: Non koroner, MK: Mitral Kapak, TK: Triküspit Kapak. (Noheria A, Ablating Premature Ventricular Complexes: Justification, Techniques, and Outcomes. Methodist DeBakey cardiovascular journal. 2015;11(2):109-20.

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I	B	Anti aritmik tedavinin etkisiz kaldığı, tolere edilemediği veya hastanın istemediği durumlarda, normal kalp yapısına sahip SğVÇY kaynaklı semptomatik ventriküler aritmileri olan hastalarda kateter ablasyonu faydalıdır.
I	B	Semptomatik idiyopatik sürekli monomorfik ventriküler taşikardisi olan hastalarda kateter ablasyonu faydalıdır.
IIa	B	Anti aritmik tedaviye dirençli VEV aracıyla tetiklenmiş, fokal olarak tetiklenmiş ventriküler fibrilasyonu olan hastalarda kateter ablasyonu faydalı olabilir.
IIa	B	Anti aritmik ilaç tedavisinin etkisiz kaldığı, tolere edilemediği veya uzun dönem tedavide tercih edilmediği, kardiyomyopatiye yardımcı olduğu düşünülen sık VEV i olan ve yapısal kalp hastalığının eşlik ettiği hastalarda kateter ablasyon faydalı olabilir.
IIa	B	Anti aritmik tedavinin etkisiz kaldığı, tolere edilemediği veya hastanın istemediği durumlarda, normal kalp yapısına sahip epikardiyal çıkış yolu veya sol ventrikül tepesinden kaynaklı semptomatik ventriküler aritmisi olan hastalarda kateter ablasyonu faydalı olabilir.
IIa	B	Anti aritmik tedavinin etkisiz kaldığı, tolere edilemediği veya hastanın istemediği durumlarda, normal kalp yapısına sahip epikardiyal koroner venöz sistem kaynaklı semptomatik ventriküler aritmisi olan hastalarda kateter ablasyonu faydalı olabilir.
IIa	B	Anti aritmik tedavinin etkisiz kaldığı, tolere edilemediği veya hastanın istemediği durumlarda, normal kalp yapısına sahip para hisyen bölge kaynaklı semptomatik ventriküler aritmisi olan hastalarda kateter ablasyonu faydalı olabilir.
IIa	C	Programlı elektriksel stimülasyon; sık VEV nedeniyle ablasyon yapılmış yapısal kalp hastalığı olan hastalarda ani kardiyak ölüm açısından risk sınıflamasında faydalı olabilir.
IIa	C	Farmakolojik tedaviye rağmen sık tek odaklı VEV nedeniyle optimal biventriküler pacingi sınırlanan ve kardiyak resenkronizasyon tedavisine yetersiz yanıtı olan hastalarda kateter ablasyon faydalı olabilir.
IIa	C	Miyokardiyal iskemiden şüphelenilen ventriküler aritmili hastalarda stres testi ve / veya koroner anjiyografi ve revaskularizasyon; iskeminin tetiklediği ventriküler taşikardiden kaçınmak amacıyla ablasyon öncesi faydalı olabilir.
IIa	C	Anti aritmik tedavinin etkisiz kaldığı, tolere edilemediği veya hastanın istemediği durumlarda, normal kalp yapısına sahip sol ventrikül posterior superior bölge (sol ventrikül endokart, sağ atriyum veya koroner sinüs) kaynaklı semptomatik ventriküler aritmisi olan hastalarda kateter ablasyonu faydalı olabilir.

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