BÖLÜM 64

AKUT KORONER SENDROMLA PREZENTE OLAN HASTALARA YAPILAN KORONER ANJİYOGRAFİDE TESPİT EDİLEN BİFURKASYON LEZYONLARINA VAKA EŞLİĞİNDE YAKLAŞIM

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GİRİŞ

Akut koroner sendrom dünyada en sık ölüm nedenlerinden biridir. Bilindiği üzere akut koroner sendromlar; kardiyojenik şoktan unstable angina pectoris (USAP)'a kadar geniş bir yelpazeye sahiptir. Bu hastalara uygulanan erken koroner anjiyografi ve erken koroner girişim mortalite ve sonrasında gelişmesi olası olayların görülme ihtimalini azaltmaktadır (1,2).

Daha önceden yapılan çalışmalarda çoklu damar hastalığı olan ve özellikle kardiyojenik şok ve akut miyokard enfarktüsü ile başvuran hastalarda komplet revaskülarizasyon önerilmekteydi. Ancak günümüzde yapılan çalışmalar stabil olmayan akut koroner sendromlarda mümkün olduğunca sorumlu lezyona girişimin yapılması, diğer lezyonların daha sonraki bir seansa bırakılması gerektiğini göstermektedir. Mevcut durumda kardiyojenik şok ve yüksek riskli ST elevasyonlu miyokard enfarktüsü (STEMI)'nde sorumlu lezyonu revaskülarize edip, sonraki lezyonları başka bir seansta revaskülarize etmek genel uygulama şeklinde yerini almıştır (3).

Yine yapılan çalışmalarda akut koroner sendromlarda tek stent stratejisinin çift stratejisine oranla mortalite ve kardiyovasküler olay açısından daha düşük riskli olduğu gösterilmiştir. Ancak, düşük riskli STEMI (stabil STEMI), stabil non-ST elevasyonlu miyokard enfarktüsü (NSTEMI) ve USAP ile prezente olan hastalarda stabil olduklarından dolayı yan dal lezyonlarına müdahale düşünülebilmektedir. Hasta bazlı girişim planlanması bu durumda önem arz etmektedir (4,5,6).

OLGU 1:

Son 30 dakikadır başlayan tipik göğüs ağrısı nedeniyle acile başvuran ve hipertansiyon (HT) öyküsü olan 72 yaşında kadın hastanın çekilen 12 derivasyonlu elektrokardiyografi (EKG)'sinde göğüs derivasyonları (V1-6) ve D1, AVL'de ST elevasyonu saptanması üzerine Anterior STEMI tanısıyla antiaggregan ve antikoagulan tedavisi başlanarak primer girişim amacıyla anjiyografi laboratuvarına alındı. Koroner anjiyografi (KAG) işlemi femoral yoldan 6F kateter ile yapıldı. KAG'da sağ koroner arter (RCA): %80-90, non-dominant, sol ön inen arter (LAD): %100; sirkumfleks arter (CX): plaklı izlendi (Figür 1). LAD lezyonuna perkütab koroner girişim (PCI) planlandı. 6F guiding kateter ile left main coronary artery (LMCA)'ye oturulduktan sonra LAD lezyon floppy guidewire ile geçildi. 2,0*20 mm balon ile percutaneus transluminal coronary angioplasty (PTCA) sonrası 3,0*22 drug eluiting stent (DES) lezyona implante

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