

## KORONER ANJİYOGRAFI GİRİŞİM YERLERİNDE KOMPLİKASYON AZALTMAK İÇİN VAKALAR EŞLİĞİNDE YAKLAŞIM

Özkan KAYHAN<sup>1</sup>

### GİRİŞ

Girişimsel kardiyoloji giderek yaygınlaşan ve sayısı artan diyagnostik ve invaziv anjiyografi ile bir çok hastanın mortalite ve morbitesi azaltmaktadır. Arteriyel erişim bölgeleri arasında yaygın femoral arter, radyal, ulnar, brakial ve aksiller arterler bulunur. Ek olarak, çıkan aorta doğrudan erişim için karotid arter, iliyak ve subklavyen arter kullanılmıştır. Tüm bu prosedürlerde, arteriyel veya venöz dolaşıma vasküler erişim gerektirir (1). Erişim bir amaç için bir araç olsa da, hayatı tehdit eden adımlardan biri olmaya devam ediyor. Vasküler erişim bölgesi komplikasyonları perkütan koroner girişim (PKG) en sık görülen komplikasyonudur. PKG işlemlerindeki vasküler komplikasyonlar minör ve majör komplikasyonlar olarak sınıflandırılabilir. Minör komplikasyonlar; hafif kanama, ekimoz ve stabil hemotomdur. Majör komplikasyonlar; psödoanevrizma, arteriyovenöz fistül, transfüzyon gerektiren hematoma, arteriyel diseksiyon, emboli, tromboz, enfeksiyon, arteriyel perforasyon, ekstremité iskemisi ve retroperitoneal kanamadır (2).

Girişim yerlerinde anatomi ve tekniği bilme komplikasyonları azaltır. Femoral girişimde ideal olan femoral bifurkasyon üzerinde, inferior epigastrik arter (İEA) seyri 1-2 cm altında, ana femoral artere (AFA) erişimdir. İEA inguinal

ligamente paralel seyredip distaline kadar ilerleyip sonra kranial döner. İnguinal ligament spina iliaca anterior superior ile tuberositas pubica arasında uzanır. Bu iki çıkıntıyı görüp inguinal ligamentin ikisi arasında seyrettiğini düşünüp 1-2 cm aşağından yapılan ponksiyon, özellikle yaşlı, obez hastalarda, doğru teknik olmayabilir (3). Femoral ponksiyonu flokoskopi eşliğinde mikroponksiyon ile yapma komplikasyonu oranı azaltır. Bu teknikte anterior posterior projeksiyonda femur başı referans ile orta üçte birlik kesmine kanülasyon amaçlanarak, femur başı alt sınırından cilt ponksiyonu yapılır. Femoral bifurkasyon çoğunlukla (yaklaşık %77) femur başı altındadır. Femoral arter %97 femur başı medial üçte birlik kesimde seyredir (4). Bu teknikte bile femoral bifurkasyon altında ponksiyondan kaçınılamaz.

Kardiyak kateterizasyon, anjiyografi ve müdahale için transradial erişimin (TRA) transfemoral yaklaşıma göre çeşitli çalışmalarla gösterilmiş avantajları vardır (5). TRA'ya hakim olmak için, doğru radyal arter ponksiyonu, radyal arter spazmının önlenmesi ve yönetimi, kolun vasküler anatomisinin ve ilgili varyantların kapsamlı bir şekilde anlaşılması, selektif koroner kanülasyon için kateter manipülasyonu ve perkütan koroner girişimlerde kateter desteğinin maksimize edilmesi gibi tamamlayıcı becerilerin geliştirilmesini gerektirir (6). Radyal kateterizasyon için özel la-

<sup>1</sup> Uzman Doktor, Ağrı Devlet Hastanesi Kardiyoloji Bölümü, ozkan\_kayhan@outlook.com ORCID iD: 0000-0003-0379-7812

ve yapısal müdahaleler için önemli bir erişim alanı olmaya devam etmektedir. Anatomi ve AFA'nın seyri hakkında bilgi ve ultrason rehberliğinin kullanımı, daha iyi ve daha güvenli femoral erişimi sağlayabilir ve komplikasyon oranlarını azaltabilir. Radyal arterin kullanımı Dünya da önemli ölçüde artmaktadır ve tanısal ve girişimsel prosedürler için daha güvenli bir yol sağladığı görülmektedir.

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