

# VENA KAVA SÜPERİOR SENDROMU YÖNETİMİNDE PULMONER YAKLAŞIMLAR

# 27.

# BÖLÜM

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## GİRİŞ

Vena kava süperior sendromu (VKSS), vena kava süperior (VKS) boyunca kan akışının kısmen veya tamamen engellenmesinden kaynaklanan klinik belirti ve semptomların oluşturduğu bir tablodur. İlk bildirilen vaka, 1757 yılında İskoç bir doktor olan William Hunter tarafından sifilitik aortitli bir hastada tanımlanmıştır (1).

VKSS mediastinal malignitelerin önemli bir sekeli ve hasta için ciddi klinik sıkıntılara neden olabilir. VKSS, laringeal veya serebral ödem ile ilişkiliyse tıbbi bir acil durumdur (2).

## ANATOMİ

Sağ ve sol brakiosefalik venlerin birleşmesiyle oluşan vena kava süperior toplam venöz dönüşün yaklaşık üçte birini sağlayarak baş, boyun, üst extremite ve göğüsün üst kısmından gelen kanı kalbe taşır. Orta mediastende bulunur. Sternum, trakea, sağ bronş, aort, pulmoner arter, perihiler ve paratrakeal lenf düğümleri gibi nispeten sert yapılarla çevrilidir. Sağ ve sol brakiosefalik venlerin birleşim yerinden sağ atriya doğru 6-8 cm. kadar uzanır. Orta ve ön mediasteninde yer alan kitleler VKS'ye baskı yaparak vena kava süperior sendromuna neden olabilir. Aorta veya trakeaya kıyasla ince duvarlı ve düşük venöz basıncı nedeniyle VKS obstrükte olacak mediastinal vasküler yapılar arasında ilkidir (3,4).

## ETİYOLOJİ

Antibiyotikler yaygınlaşmadan önce, bulaşıcı etiyolojiler VKSS'nin yaygın bir nedeniydi. Spesifik olarak, sifilise bağlı aort anevrizmaları sık görülürdü (5). Ancak

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