14. BÖLÜM

May-Thurner ve Nutcracker Sendromu

Mesut ENGİN[1]

May- Thurner Sendromu

Tanım ve Tarihçe

May- Thurner Sendromu(MTS) ilk olarak 1851 yılında Virchow tarafından sol ana iliak venin anatomik varyasyonu olarak gözlemlenmiştir. Virchow bu dönemde sol taraf derin ven trombozunun sağa oranla 5 kat daha fazla görüldüğünü tespit etmiştir [1]. 1908 yılında ise McMurrich tarafından anatomik oluşumu hakkında ilk tarif ve düşünceler oluşmuştur ve bu hastalığın ana iliak venlerdeki konjenital adezyonlar sonucu oluştuğu bildirilmiştir [2]. Ancak bu hastalığın patofizyolojik olarak tarifi 1956 yılında May ve Thurner tarafından yapılmıştır. Bu tarifte hastalık anatomik olarak da detaylandırılmıştır[3].

Cockett ve Thomas 1965 yılında May ve Thurner' ın tarifini destekleyecek şekilde küçük bir anatomik detayın bu hastalığa neden olduğunu göstermişlerdir [4]. Sol ana iliak venin dış kompresyona maruz kalıdığı bu hastalık; MTS, İliak venöz kompresyon sendromu, İliokaval kompresyon sendromu ve Cockett Sendromu olarak da adlandırılmaktadır [5]. Bu gelişmeler sonrasında bu durum Avrupada Cockett sendromu, Amerika Birleşik Devletleri'nde ise MTS olarak adlandırılmıştır.

May- Thurner Sendrumu' nun ana tarifi sol ana iliak venin sağ ana iliak arter tarafından basıya uğramasıdır. Genel tarif bu olsa da bu kavram zamanla genişletilmiş ve bu durum iliokaval kompresyon sendromları olarak değerlendirilmeye başlanmıştır. Örneğin sol ana iliak ven aynı taraf internal iliak arter tarafından basıya uğrayabilir ve buna bağlı olarak derin ven trombozu (DVT) gelişebilir [6]. Bu doğrultuda birçok varyant durum tariflenebilir.

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Endovasküler Tedavi

Günümüzde tıbbın tüm alanlarında olduğu gibi NCS tedavisinde de endovasküler yöntemler ilk tedavi seçeneği olarak karşımıza çıkmaktadır. Burada tedavi seçenekleri gonadal venin embolizasyonu ve renal vene stent implantasyonudur. Tedavide kullanılan stentler WallstentsR, spiral Z-stentR, NikkiR stent, PalmazR stent, ve SmartControlr stenttir [58]. İdeal stentin basıyı önlemesi için radial gücü ve vasküler epitel uyumu iyi olmalıdır.

Geniş hasta serilerinde yapılan çalışmalarda endovasküler stent tedavisi uygulanan hastaların %96.7' sinin altı aylık takiplerinde yan ağrısı ve hematüri gibi semptomlarının gerilediği tespit edilmiştir. Bu hastaların ortalama 66 aylık takiplerinde ise önemli bir restenoz saptanmamıştır [61].

Sonuç

Sonuç olarak alt ekstremite ve pelvik venöz hastalıkların altında yatan neden bir kompresyon sendromu olabilir. Tanıda ilk seçenek bu hastalıklardan şüphe duymaktır. Tedavi stratejileri ise her hastaya özgü olarak belirlenmelidir.

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