

13. BÖLÜM

Derin Ven Trombozunda Girişimsel Tedaviler

Kadir Kaan ÖZSİN¹
Şenol YAVUZ²
Faruk TOKTAŞ³

Giriş

Venöz tromboemboli (VTE) derin ven trombozu (DVT) ve pulmoner emboli (PE) kapsayan bir klinik tablodur. Sık görülmesi, tekrarlama riskinin yüksek olması, yaşam kalitesini düşürmesi, sağkalımı azaltması ve yüksek maliyetlere yol açması nedeniyle önemli bir halk sağlığı sorunudur. Dünyada miyokard infarktüsü ve inmeden sonra kardiyovasküler nedenli ölümlerin 3. nedenidir [1]. VTE'nin ortalama yıllık görülme sıklığı 100.000 kişi/yıl'da 104-183 civarındadır. Bu oran yüksek riskli olgularda 68/1000'e kadar çıkmaktadır [2]. DVT'nin PE dışında en önemli yan etkisi post-trombotik sendromdur (PTS). PTS, ilk DVT atağından sonra iki yıl içinde %25-40 oranında ortaya çıkar [3]. PTS'li hastalarda ödem, kronik venöz yetmezlik, venöz klodikasyon ve staz gelişebilir. Staza bağlı dermatit, deri altında fibrozis ve cilt ülseri gelişerek yaşam kalitesini önemli ölçüde bozabilir. İliyak ve / veya ana femoral veni içeren iliyo-femoral DVT'leri proksimal DVT olarak tanımlanır ve femoral-popliteal ve baldır DVT'lerden daha sık PTS'a neden olurlar. Proksimal DVT'lerden sonra % 20-50 oranında PTS gelişir ve sıklıkla % 5-10 oranında ülserlerle birlikte dirler [4,5].

American College of Chest Physicians (ACCP) kılavuzuna göre DVT'nin standart tedavisi düşük moleküler ağırlıklı heparin, fraksiyone olmayan heparin veya fondaparinux ve ardından en az 3 ay boyunca K vitamini antagonistleri olarak önerilmektedir (Klass 1;Kanit düzeyi A) ve yaygın olarak bu şekilde tedavi edilmektedir [6]. Son zamanlarda “yeni oral antikoagülanlar” adı altında rivaroksaban, apiksaban ve dabigatran gibi ilaçlar da DVT tedavisinde kılavuzlarda yer

^{1,3} Doçent, SBÜ Bursa Yüksek İhtisas EAH, Kalp ve Damar Cerrahisi kkozsin@gmail.com

² Profesör, SBÜ Bursa Yüksek İhtisas EAH, Kalp ve Damar Cerrahisi dr.syavuz@hotmail.com

Sonuç

Tüm bu klinik çalışmalar, metaanalizler ve yayınlanan kılavuzlar ışığında söylenebilecek ilk söz uygun hasta ve yeterli alt yapı durumunda girişimsel işlemlerin yapılması gerektiğidir. Bunun yanında girişimsel DVT tedavisi önerilerini toparlarsak;

1. İliyo-femoral DVT nedeni ile ekstremitte tehdit altında olduğunda (Flegmasia Cerulae Dolans) (1A)
2. İliyofemoral DVT (İlk atak)
3. Semptom süresi < 14 gün
4. Fonksiyonel kapasitesi iyi olan mobil hastalar
5. Düşük/Standart kanama riski olanlar
6. Medikal tedaviye rağmen hızlı ilerleyen tromboz varlığı durumlarında girişimsel DVT tedavisini düşünebiliriz.

Sonuç olarak şu unutulmamalıdır ki medikal tedavi DVT'nin her tipinde ve her aşamasında başlanmalıdır. FMT ve KAT'in uygun endikasyonda faydaları vardır ve bu hastalara beraberinde antikoagulan tedavi verilmelidir.

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