

## 2. 1.c. Aort

### 2.1.c.1. Asendan Aort Hastalıkları ve Medikal Tedavisi

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#### Giriş

Aorta insan vücudundaki en büyük arterdir. İnsan ömrü boyunca ortalama 150 ila 200 milyon litre kanın vücuda taşınıp dağıtılmasından sorumludur. Her ne kadar bütün bir yapı olsa da, klinik açıdan referans olabilmesi için esas olarak diafragma ile torakal ve abdominal aorta olarak 2 ana bölüme ayrılır. Diafragmaya kadar olan kısım torakal aorta olarak bilinir ve kendi arasında asendan, arkus ve desendan aorta olarak bölümlere ayrılır. Asendan aorta sinotübüler bileşkeden başlar ve brakiosefalik trunkusa kadar devam eder. Brakiosefalik trunkus ile sol subklavian arter arasındaki kısım arkus aorta, sol subklavian arterden başlayarak diafragmaya kadar olan kısım ise desendan aorta olarak isimlendirilir. Aorta 3 katmanlı bir yapıdır. Bu tabakalar; Tunica intima, tunica media ve tunica externa olarak adlandırılır. “Elastik arter” yapısının bir prototipidir ve bunu sağlayabilmesi için de oldukça kalın media tabakasında zengin düz kas ve elastik fiberler içermektedir. Bu sayede oldukça elastik bir halde olan aortanın kalınlığı genç erişkinlerde yaklaşık 2 mm kadar olmaktadır (1). Bu kalınlığa sahip olan aortanın duvarının beslenebilmek için kendisine ait vasa vasorum adı verilen bir damar ağı bulunur. Ortalama düz kas hacmi

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olarak önerilmemektedir (80). Enfeksiyonun natürü net olarak belirlendiğinde, spektrumunun daraltılması uygun yaklaşımdır. Cerrahi tedavi olmadan, sadece antibiyoterapi ile devam edilmesi hem teşhis hem de kesin sonuç için önerilmemektedir ve hastane içi mortaliteyi %50 oranında arttırdığı bildirilmiştir (81). Cerrahi girişim sonrasında intravenöz antibiyoterapinin minimum 6 hafta süre ile, seçilmiş vakalarda ise bu sürenin 6 aya uzatılarak devamı uygun görülmektedir (82). Bu tedaviden sonra baskılayıcı antibiyoterapi devamı halen daha tartışmalı bir konudur ancak enfekte aortun cerrahi müdahalesi sonrasında greft materyalinin konulduğu alanlar ulaşılması güç bölgeler olması nedeniyle yenileyen bir enfeksiyonun engellenmesi için çoğu yayında enfeksiyonun yenileme riski olan hastalarda veya agresif enfeksiyon sonrası cerrahi tedavi yapılan olgularda ömür boyu antibiyotik kullanımı önerilmektedir (83,84).

## Sonuç

Asendan aort patolojilerinin çoğunun tedavisi sonuçta cerrahiye dayanmaktadır. Ancak aort diseksiyonu gibi çok acil cerrahi müdahaleyi gerektiren durumlar dışında kalan patolojilerde medikal tedavi ve medikal tedavi ile takip de tedavide önemli yer almaktadır.

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