

2.1.f. Mezenter Arter

2.1.f.1. Arter Patolojilerinin Medikal Tedavi Seçenekleri (Mezenter Arter)

Çiğdem TEL ÜSTÜNİŞİK¹

Giriş

Mezenter iskemi, çölyak, superior ve inferior mezenterik arterlerde farklı nedenlerle gelişen patolojilere bağlı ince bağırsakta metabolik ihtiyacın karşılanamaması ve buna bağlı oluşan iskemik tabloyu ifade etmektedir (1). Sebep olan temel patolojiler arteriyel emboli ve tromboz, mezenterik venöz tromboz, tıkaçıcı olmayan nedenler, düşük kalp debisine bağlı hipoperfüzyon veya mezenterik arteriyel vazokonstriksiyon ve dıştan bası sonucu iskemi gelişmesi olarak sayılabilir (2). Bağırsak hasarı mezenterik kan akışındaki azalmayla orantılı olarak geri dönüşümlü iskemi, transmural infarkt, nekroz ya da perforasyon şeklinde görülebilir (3). Hastalarda en sık görünen semptom karın ağrısı olup, ağrı fizik muayene ile uyumsuzluk gösterebilmektedir (1). Mezenterik dolaşımın etkilenme süresi, şiddeti, kollateral dolaşımın yeterliliği, iskemik durumun süresi ağrının karakterini belirler (4). Fizik muayenede erken dönemde bulgular genellikle spesifik olmasa da klinik şüpheyle erken tanı konulması ve tedavinin organizasyonu hayat kurtarıcıdır.

Mezenter iskemi 1000 hastaneye yatıştan 1'inden daha azını oluşturan karın ağrısının nadir bir nedeni olmasına rağmen, yanlış veya gecikmiş bir tanı katastrofik komplikasyonlara neden olabilir; bağırsak nekrozu, sepsis ve ölüm

¹ Uzm. Dr., İstanbul Üniversitesi-Cerrahpaşa, Cerrahpaşa Tıp Fakültesi, Kalp ve Damar Cerrahisi AD., cigdem.telustunisik@iuc.edu.tr

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