

2.1.g. Renal Arter

2.1.g.1. Arter Patolojilerinin Medikal Tedavileri (Renal Arter)

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Giriş

Renal arter hastalıklar böbrek kan akımının bozulmasına sebep olarak böbrek hasarı, böbrek yetmezliği ve yüksek tansiyon ile ortaya çıkabilir. Başlıca renal arter hastalıkları 4 klinik tabloyla karşımıza çıkar:

- I. Renal arter stenozu (RAS)
- II. Renal arter trombozu
- III. Renal arter anevrizması(RAA)
- IV. Ateroembolik renal hastalık

I. Renal Arter Stenozu

Renal arter hastalığı (RAH) genellikle renal arter stenozu (RAS) %60 üstüne ulaştığında oluşmaya başlar. RAS genellikle ateroskleroza bağlı olduğu için prevalansı yaşla birlikte artar. Erkek cinsiyet, hipertansiyon, tütün kullanımı, diyabet, aortoiliak okluzif hastalık ve koroner arter hastalığı ile ilişkilidir(1). Toplum genelinde yaklaşık %5-10 oranında görülürken yüksek riskli popülasyonlarda sıklığı fazladır(2). Hastaların yaklaşık %20sinde bilateral hastalık veya çalışan tek böbrek mevcuttur. RAS'ın ateroskleroz dışında çok daha az görülen bir sebepten fibromusküler displazi ve arterittir (3). Fibromusküler displazi özellikle genç ve kadın hastalarda renal arter hastalığının en sık sebebidir (4).

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lik hastalık kaynaklı tıkanmasıdır. Böbreklerin abdominal aorta yakınlığı ve yüksek kan akımı ateroembolik hadiselerle zemin hazırlar(57,58,59,60).

IV.a. Medikal Tedavi

Ateroembolik renal hastalığın belirli bir tedavisi yoktur. Tedavi genellikle Semptomlara yöneliktir. Antikoagülasyondan, invaziv tanısal veya teropatik vasküler prosedürlerden veya cerrahiden mümkünse kaçınılmalıdır veya geciktirilmelidir (57,61).

Tedavi aspirin,statinler, tütün kullanımının kesilmesi, kan basıncı kontrolü ve glisemik kontrol ile temelde aterosklerozun kontrolüne yönelik yapılır61.

İnflamatuvar yanıtı baskılamak için kortikosteroidler kullanılabilir. Fakat çalışmalarda konuyla ilgili karşıt fikirler mevcuttur. Bazı çalışmalarda günlük 1mg/kg oral prednizolon kullanımı klinik iyileşme ve renal fonksiyonlarda düzelme belirtirken farklı çalışmalarda steroidlerin uzun dönemde belirgin bir iyileşme sağlamadığı ve mortaliteyi arttırdığı belirtilmiştir (57,62,63).

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