2.2.d. Aort

2.2.d.1. Asendan Aort Patolojilerinde Cerrahi Tedavi Stratejileri

Vecih KEKLİK[1]

Giriş

Aorta sol ventrikülden başlayıp ana iliak arterlere kadar uzanan vücudun en büyük arteriyel yapısıdır (1). Anatomik ayrım asendan, arcus, desenden ve abdominal olarak 4 farklı kısım olarak değerlendirilir. Asendan aorta; sol ventrikülden başlayıp truncus brachiocephalicusa uzanan kısım olarak adlandırılır (2). Asendan aorta kardiyak beslenmenin ana yapısı olan sol ana koroner arter ve sağ ana koroner arter ostiumlarını barındırır (3).

Asendan aorta patolojilerinde abdominal aorta ya da dessenden aorta patolojilerinden farklı olarak cerrahi yaklaşım tedavide altın standart yerini korumaktadır (4).

Bu çalışmada asendan aortanın en sık görülen patolojisi ve cerrahi tedavi stratejileri tartışılacaktır.

Asendan Aorta Hastalıkları

Aort patolojileri komplike olmayan aort anevrizmalarından acil müdahale edilmemesi durumunda ölümle sonuçlanabilecek akut aortik sendromlara (aort diseksiyonu, intramural hematom, penetran ülser) uzanabilen geniş bir yelpazeye sahiptir (5). Bu hastalık yelpazesinin yerleşim yeri tedavi stratejilerinin belirlenmesinde klinik olarak önemlidir.

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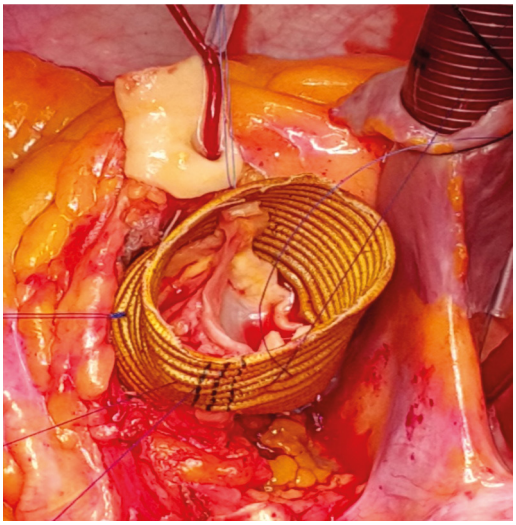

Resim 5. David prosedürü

Kapak koruyucu yöntemlerden *Yacoub* prosedürü ise David prosedürüne benzemekle birlikte sinotübüler bileşkenin anaotomik yapısına uygun olarak greftin kesilerek hazırlanması prosedürüne dayanır. Gerek David gerek *Yacoub* prosedüründe koroner ostiyum anostomoz ve distal aorta anostomoz teknikleri Benthall ile benzerdir.

Sonuç

Asendan aortanın anevrizmaları ve diseksiyonları benzer etiyolojik kökenlere dayanır. Özellikle diseksiyonlarda mortalite ve morbidite oldukça yüksek oranda görülmeye devam etmektedir. Cerrahi tedavi yüksek mortalite ve morbiditeye rağmen altın standart olmaya devam etmektedir.

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