

## 2.3.b. Alt Ekstremite Arter

### 2.3.b.1. Arter Patolojilerinin Endovasküler Tedavisi Femoropopliteal Seviye

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#### Giriş

Periferik arter hastalığı (PAH) ekstremitelerin dolaşımını sağlayan arterlerdeki kan akımını engelleyen patolojiyi tanımlar. Tikayıcı patolojinin neredeyse her zaman nedeni aterosklerozdur. Ateroskleroz dünya genelinde yaygın olarak gözlenmektedir (1). Örneğin Amerika Birleşik Devletleri'nde (ABD) 5 milyondan fazla bireyi etkilemiş durumdadır ve aynı zamanda yetişkin yaş gurubundaki prevalansı %4-15 arasındadır (2).

Ateroskleroz arterleri generalize olarak etkilediğinden dolayı PAH varlığında genellikle diğer organ arterlerinde de hastalıklar oluşmaktadır. Eş zamanlı olarak koroner arter hastalığı ve karotis arter hastalığı sıkılıkla görülebilmektedir. Ancak en sık yerleşim yeri femoropopliteal bölgedir. Femoropopliteal bölge ayrıca periferik arterler için endovasküler girişimlerin en sık yapıldığı yerdir (3,4). Femoropopliteal arter lezyonlarının tedavisinde baypas cerrahisi-

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## Sonuç

Son yillardaki gerek teknolojik gerekse ekipman çeşitliliği ve kalitesindeki artış ile endovasküler tedaviler daha çok seçilmekte ve uygun lezyon ve hastalarda başarı ile kullanılmaktadır. PAH hastalığında ilk tedavinin yaşam tarzı değişikliği, sigaranın bırakılması ve en iyi medikal tedavinin olduğu unutulmamalıdır. Uygun hasta ve lezyonlarda femoropopliteal bölge lezyonlarının tedaviinde endovasküler tedaviler başarı ile kullanılabilir.

## Kaynaklar

1. Criqui MH, Fronck A, Barrett-Connor E, et al. The prevalence of peripheral arterial disease in a defined population. *Circulation*. 1985;71:510-51.
2. Selvin E, Erlinger TP. Prevalence of and risk factors for peripheral arterial disease in the United States: results from the National Health and Nutrition Examination Survey, 1999-2000. *Circulation*. 2004; 110(6):738-43.
3. Kasapis C, Gurm HS. Current approach to the diagnosis and treatment of femoral-popliteal arterial disease. A systematic review. *Curr Cardiol Rev*. 2009;5(4):296-311.
4. Norgren L, Hiatt W, Dormandy J, et al. Inter-Society Consensus for the Management of Peripheral Arterial Disease (TASC II). *Eur J Vasc Endovasc Surg*. 2007;33:S1-S75.
5. Vural T, Tan MN, Kartal M, et al. Detecting peripheral arterial disease in primary care: A population based study. *Korean J Fam Med* 2020;41:61-7.
6. Bozkurt K. Periferik Arter ve Ven Hastalıkları - Ulusal Tedavi Kılavuzu 2021. ISBN - 978-605-69205-2-3.
7. Bozkurt AK, Tasci I, Tabak O, et al. Peripheral artery disease assessed by ankle-brachial index in patients with established cardiovascular disease or at least one risk factor for atherosclerosis-- CAREFUL study: A national, multi-center, cross-sectional observational study. *BMC Cardiovasc Disord* 2011;11:4.
8. Ramalho J, Semelka RC, Ramalho M, et al. Gadolinium-based contrast agent accumulation and toxicity: an update. *AJR Am J Neuroradiol* 2016;37:1192-1198.
9. Aboyans V, Ricco JB, Bartelink MEL, et al. ESC Scientific Document Group. 2017 ESC Guidelines on the Diagnosis and Treatment of Peripheral Arterial Diseases, in collaboration with the European Society for Vascular Surgery (ESVS): Document covering atherosclerotic disease of extracranial carotid and vertebral, mesenteric, renal, upper and lower extremity arteriesEndorsed by: the European Stroke Organization (ESO)The Task Force for the Diagnosis and Treatment of Peripheral Arterial Diseases of the European Society of Cardiology (ESC) and of the European Society for Vascular Surgery (ESVS). *Eur Heart J*. 2018 Mar 1;39(9):763-816.
10. Norgren L, Hiatt WR, Dormandy JA, et al. TASC II Working Group. Inter-Society Consensus for the Management of Peripheral Arterial Disease (TASC II). *J Vasc Surg*. 2007;45 Suppl S:S5-67.
11. Baril DT, Chaer RA, Rhee RY, et al. Endovascular interventions for TASC II D femoropopliteal lesions. *J Vasc Surg*. 2010;51(6):1406-12.
12. Belch JJ, Dormandy J, Biasi GM, et al. Results of the randomized, placebo-controlled clopidogrel and acetylsalicylic acid in bypass surgery for peripheral arterial disease (CASPAR) trial. *J Vasc Surg* 2010;52:825-833.

13. Bhatt DL, Flather MD, Hacke W, et al. Patients with prior myocardial infarction, stroke, or symptomatic peripheral arterial disease in the CHARISMA trial. *J Am Coll Cardiol* 2007;49:1982–1988.
14. Markus HS, Drost DW, Kaps M, et al. Dual antiplatelet therapy with clopidogrel and aspirin in symptomatic carotid stenosis evaluated using Doppler embolic signal detection: the Clopidogrel and Aspirin for Reduction of Emboli in Symptomatic Carotid Stenosis (CARESS) trial. *Circulation* 2005;111:2233–2240.
15. Wilson SE, Wolf GL, Cross AP. Percutaneous transluminal angioplasty versus operation for peripheral arteriosclerosis. Report of a prospective randomized trial in a selected group of patients. *J Vasc Surg* 1989;9:1–9.
16. Kaufman JA. Vascular Interventions. In: Kaufman JA, Lee MJ, editors. *Vascular and Interventional Radiology: The Requisites*. Chapter 4, 2nd ed. Philadelphia: Saunders; 2014. p. 68–98.
17. Tepe G, Zeller T, Schnorr B, et al. Highgrade, non-flow-limiting dissections do not negatively impact long-term outcome after paclitaxel-coated balloon angioplasty: an additional analysis from the THUNDER study. *J Endovasc Ther* 2013;20:792–800.
18. Tepe G, Laird J, Schneider P, et al. Drug-coated balloon versus standard percutaneous transluminal angioplasty for the treatment of superficial femoral and popliteal peripheral artery disease: 12-month results from the IN.PACT SFA randomized trial. *Circulation* 2015;131:495–502.
19. Johnston KW, Rae M, Hogg-Johnston SA, et al. 5-year results of a prospective study of percutaneous transluminal angioplasty. *Ann Surg* 1987; 206:403–13.
20. Jens S, Conijn AP, Koelemay MJ, et al. Randomized trials for endovascular treatment of infrainguinal arterial disease: systematic review and meta-analysis (Part 1: Above the knee). *Eur J Vasc Endovasc Surg* 2014;47:524–35.
21. Davaine JM, Azéma L, Guyomarch B, et al. One-year clinical outcome after primary stenting for Trans-Atlantic Inter-Society Consensus (TASC) C and D femoropopliteal lesions (the STELLA “STenting Long de L’Artère fémorale superficielle” cohort). *Eur J Vasc Endovasc Surg* 2012;44:432–41.
22. Boufi M, Ejargue M, Gaye M, et al. Systematic review and meta-analysis of endovascular versus open repair for common femoral artery atherosclerosis treatment. *J Vasc Surg* 2020;S0741-5214(20)32283-7
23. Cejna M, Thurnher S, Illiasch H, et al. PTA versus Palmaz stent placement in femoropopliteal artery obstructions: a multicenter prospective randomized study. *Vasc Interv Radiol*. 2001 Jan;12(1):23–31.
24. McKinsey JF, Zeller T, Rocha-Singh KJ, et al. Lower extremity revascularization using directional atherectomy: 12-month prospective results of the DEFINITIVE LE study. *JACC Cardiovasc Interv* 2014;7:923–33.