2.3.b. Alt Ekstremite Arter

2.3.b.2. Alt Ekstremite Arter Infrapopliteal Seviye

Görkem YİĞİT[1]

Giriş

Periferik arter hastalığı (PAH) önemli morbidite ve mortaliteye neden olabilen sistemik bir hastalıktır. Alt ekstremite PAH tedavisinde endovasküler yöntemler son yıllarda giderek artan oranlarda kullanılmaya başlanmıştır(1-3). Infrapopliteal PAH'da uygun arteriyel revaskülarizasyon stratejisini belirlemek kardiyovasküler cerrahlar açısından bir zorluk olmaya devam etmektedir. İleri infrapopliteal PAH'ı bulunan olgular genellikle ileri yaşlı, diyabetik ve komorbid hastalıkları bulunan bireylerdir (4).

Tibiopedal arteriyel minimal invaziv retrograd revaskülarizasyon, anjiyoplasti (ilaç kaplı, düz balon vb), stentler (kendiliğinden genişleyen, balonla genişleyebilen, ilaç salınımlı) ve aterektomi (lazer, direksiyonel, orbital ve rotasyonel aterektomi cihazları) gibi endovasküler yöntemlerdeki gelişmeler, yeni teknolojik cihazlardaki ilerlemeler ve beraberinde sınıflandırma sistemlerinin modifikasyonu, infrapopliteal PAH endovasküler tedavisinin etkinliğini ve güvenilirliğini daha da artırmıştır (2,5). Infrapopliteal PAH endovasküler girişimin nihai amaçları, ekstremite kurtarma amacıyla ayağın distaline dek düz bir hat boyunca kan akımı sağlanması, beraberinde semptomların azaltılarak yara iyileşmesinin hızlandırılmasıdır (6-8).

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açısından oldukça zorlayıcıdır. Özellikle bu bölgede KETİ ve amputasyon ile mücadele açısından hasta bazlı en uygun yöntemin seçilmesi oldukça önemlidir. Ayrıca endovasküler cerrahın anatomi, damar erişim teknikleri, optimal anjiyografik görüntüleme stratejileri, ekipman ve endovasküler revaskülarizasyon, işlem sonrası multidisipliner bakım ve takip planı gibi elzem konulara hakim olması gerekmektedir. Ne yazık ki, infrapopliteal PAH'nın endovasküler tedavisindeki ilerlemelere rağmen, hala optimal sonuçların alınmasında limitasyonlar vardır. Hastalık sürecine ikincil olan ileri yaş, uzun segment lezyonlar, önemli kalsifikasyonlar ve çoklu komorbiditeler gibi faktörler bu müdahaleleri etkileyebilmektedir. Yeni nesil stentler ile aterektomi ve İKB anjiyoplasti kombinasyonları gibi farklı tedavi seçeneklerini karşılaştıran geniş hasta sayılı, randomize kontrollü çalışmalar ile mevcut bilgi ve teknik gelişmelerin artışı daha iyi sonuçların alınmasına neden olacaktır.

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