

## 2.3.d. Aort

### 2.3.d.1. Assendan Aort Endovasküler Tedavi

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#### Giriş

Asendan aort hastalıkları denildiğinde; diseksiyonlar, gerçek ve pseudo anevrizmalar, penetran ülserler ile mural hematom gibi acil cerrahi ve tıbbi tedavi zorunluluğu olan, potansiyel olarak yaşamı tehdit eden klinik tablolar akla gelir (1). Asendan aort hastalıklarının tedavisinde, sıklıkla konvansiyonel açık cerrahi uygulanmaktadır. Konvansiyonel cerrahide; vasküler greft ile hasta aort kısmı değiştirilir. Ameliyat tekniği olarak median sternotomi ile aortik kros klemp konması sonrasında kardiyopulmoner baypaşa girilmesi, kimi durumda derin hipotermiyle dolaşım durdurulması ve antegrad selektif serebral perfüzyonu yapılması gerekir. Açık cerrahinin; parapleji, massif hemoraji, böbrek yetmezliği, stroke ve uzun süren ventilasyon destek ihtiyacı gibi, morbidite ve mortalite riskleri mevcuttur (2-3). A Tipi aort diseksiyonu olan vakaların %20'den fazlasının ameliyat edilemeyen olarak kabul edildiği düşünüldüğünde, alternatif tedavilerin önemi ortaya çıkmaktadır (4). Desenden ve abdominal aortta endovasküler tedavinin yüksek başarısına karşın, anatomik ve fizyolojik zorluklar sebebiyle, torasik ve çıkan aortta endovasküler girişim, ancak yüksek riskli veya ameliyat edilemeyen hastalarda alternatif olarak kabul edilmektedir. Asendan aortta endovasküler tedavi, zorluklara ve kısıt-

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## Assendan Aort TEVAR Komplikasyonları <sup>(41)</sup>

- Endoleak
- Kardiyak tamponat
- Stroke
- Rezidüel diseksiyon
- Sol ventrikül perforasyonu
- Aort kökü yaralanması ve koroner arter tıkanmasıdır

Assendan TEVAR prosedürü için ideal adaylar, psödoanevrizmalar ve asendan aortun orta üçte birinde giriş yırtıkları olan asendan aort diseksiyonları dahil olmak üzere fokal aort defektleri olan hastalardır (40). Komplikasyonlar endogreftle ve sistemik olanlar olarak ayrılabilir Greft ilgili komplikasyonları; greftte migrasyon, stenoz, enfeksiyon, kısmen bükülme ve endoleak olarak görülebilir. İşlem sonrasında gelişebilen sistemik komplikasyonlar; kardiyovasküler ve serebrovasküler olaylar ile son organ iskemisini içermektedir. Bu durumlarda çoğu zaman ikincil müdahale gerekmektedir (41,42). Assendan aort'da komplikasyon geliştiğinde diğer endovasküler işlemlerden daha yaygın cerrahi dönüşüm ve/veya açık cerrahi modifikasyon gereklidir (42).

## Sonuç

Endovasküler tedavi, asendan aortada riskleri ve fırsatları beraber barındırmaktadır. Anatomik ve hemodinamik zorluklar uygulamasını sınırlamaktadır. Teknoloji ve greftlerde olan ilerlemelerle gelecekte daha geniş hasta spekturumunda prosedürün uygulanması mümkün olabilecektir.

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