BÖLÜM 7

DÜŞÜK SOL VENTRİKÜL EJEKSİYON FRAKSİYONLU HASTALARDA KORONER ARTER BYPASS CERRAHİSİ

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GİRİŞ

Kalp cerrahisi geçirecek hastalarda ameliyat öncesi düşük sol ventrikül ejeksiyon fraksiyonu (SVEF) özellikle koroner arter bypass greft (KABG) cerrahisi planlanan hastalarda yaygın olarak gözlenir. Medikal tedavi ve cerrahi tekniklerdeki gelişmelere rağmen, kalp cerrahisi geçiren orta veya şiddetli sol ventrikül disfonksiyonu olan hastaların tedavisi hala zor bir süreçtir.[1,2] Bilindiği gibi düşük SVEF'li hastalar, kalp cerrahisi sonrası postoperatif komplikasyon ve mortalite açısından daha yüksek risk altındadır.[1] Hastalar giderek daha yaşlı ve çok sayıda ek hastalıkla kalp cerrahisine yönlendirilmektedir. Yakın bir zamana kadar, bu hastalara cerrahi tedavi uygulanmamaktaydı. Bugün, komorbiditesi olan yaşlı hastalar cerrahi kalp onarımından yararlanmakla beraber bu tür hastalarda postoperatif komplikasyon ve mortalite riski daha yüksektir. Preoperatif sol ventrikül fonksiyonunda belirgin bozulma erken postoperatif dönemde düşük kardiyak output sendromunun nedenlerinden biridir. Bu komplikasyon ameliyat geçiren hastaların %3-14'ünde görülür ve bu gruptaki mortalite 15 kat artar.[3]

VAKA

67 yaşında kadın, sigara kullanımı ve hipertansiyon öyküsü olan 4-5 saatlik baskı tarzında göğüs ağrısı şikayeti ile acil servise başvuran hastanın fizik muayenesinde özellik saptanmadı. Teleradyogram'da kardiyotorasik indeks 0,5'in üzerindeydi. Elektrokardiyogram'da kalp sinüs ritminde, V1-V6, D1-aVL derivasyonlarda yaygın S-T değişiklikleri mevcuttu. Hastaya akut anterolateral miyokard infarktüsü ön tanısı konuldu. Biyokimyasal tetkiklerde kardiyak enzimlerin sonuçları yüksek geldi (Troponin I:179,5 ng/ml, AST:321 U/L, CKMB:224,6 U/L).Ekokardiyografide (EKO) ejeksiyon fraksiyonu (EF:)%35-40 global hipokinezi ve hafif mitral yetmezlik tespit edildi.

Koroner anjiografi(KAG) laboratuvarına alınan hastaya yapılan KAG'da sol ön inen arter(-LAD): proksimal bölgeden total tıkalı(Şekil 1), circumflex arter(CX):plaklı, sağ koroner arter(R-CA):mid bölgede %30-50 darlık(Şekil 2.) ve distalinde plak gözlendi. Aynı seansta LAD total lezyon guide wire ile geçildikten sonra 3,5x16mm çıplak stent direkt implante edildi. Trombüs aspirasyonu ve intrakoroner tirofiban infüzyonu uygulandı. Tama yakın açıklık sağlandı(şekil 3.). Kontrol KAG yapılması planlanan hasta yoğun bakım ünitesine alınarak takip edildi. Sonraki gün yapılan kontrol KAG'da LAD: stent açık stent sonrası %70-90 trombüslü darlık oluştuğu gözlendi(Şekil 4), CX:plaklı, RCA: mid %30-50 olduğu görüldü. Kontrol EKO da EF:%25 global hipokinezi, ağır

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hatta bunların preoperatif profilaktik kullanımı rutin hale gelmektedir.

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