5. BÖLÜM

BİFÜRKASYON LEZYONLARINA PERKÜTAN KORONER GİRİŞİM

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KORONER BİFÜRKASYON LEZYONLARINDA TANIMLAMA, ANATOMİ VE SINIFLANDIRMA

Bifürkasyon lezyonları, tüm perkütan koroner girişimlerin (PKG) %15-25'sini içeren ve işlem esnasında yan dalın korunması gereken lezyonlara denmektedir. Yan dalda darlık yapan lezyon %50'nin üzerinde ve yan dal çapı 2 mm'nin üzerinde olmalıdır. Bifürkasyon lezyonlarında işlem başarı oranı yıllar içinde artmış olmakla birlikte hâlen tromboz ve restenoz oranları bifürkasyon olmayan lezyonlara göre daha yüksektir. İşlem sırasında en sık karşılaşılan sorunlar yan dala geçiş zorluğu, yan dalın işlem sırasında tıkanması ve yan dal ostiumunun stentle yetersiz kaplanmasıdır. Bifürkasyon lezyonlarına yaklaşımı belirleyen başlıca faktör yan dalın stentleme gerektirip gerektirmemesidir. Bunun dışında diğer faktörler arasında yan dalda lezyon bulunması, ana dal ile yan dal arasındaki açının derecesi ve lezyonda kalsifikasyon varlığıdır. Bifürkasyon lezyonlarında temel problem işlem esnasında yan dalın tıkanmasıdır ki bu da çoğunlukla ana daldaki lezyondan yan dalın ostiumuna plak kayması sonucunda olur (1). İlaç salınımlı stentlerin (DES) kullanılmaya başlanmasından sonra PKG'lerin başarı oranı artmış ve 2 stentin kullanıldığı (hem ana dal hem yan dal için) pek çok stentleme tekniği (T-stent, Modifiye T, TAP, Crush, V-stent, Culotte, simultane kissing stent gibi) tanımlanmıştır (1, 2, 3). Yalnızca ana dalın stentlenmesine göre yan dalın da stentlendiği işlemleri değerlendiren birçok çalışmada anlamlı bir başarı farkı izlenmemiştir (4, 5). Yan dal capı ≥ 2 mm ise yan dala bir kılavuz tel bırakılması yan dalın tam tıkanma riskini azaltır. Yan daldaki tel, ana dalın stentlenmesinden sonra çıkarılır (yan daldaki tel stentin altında

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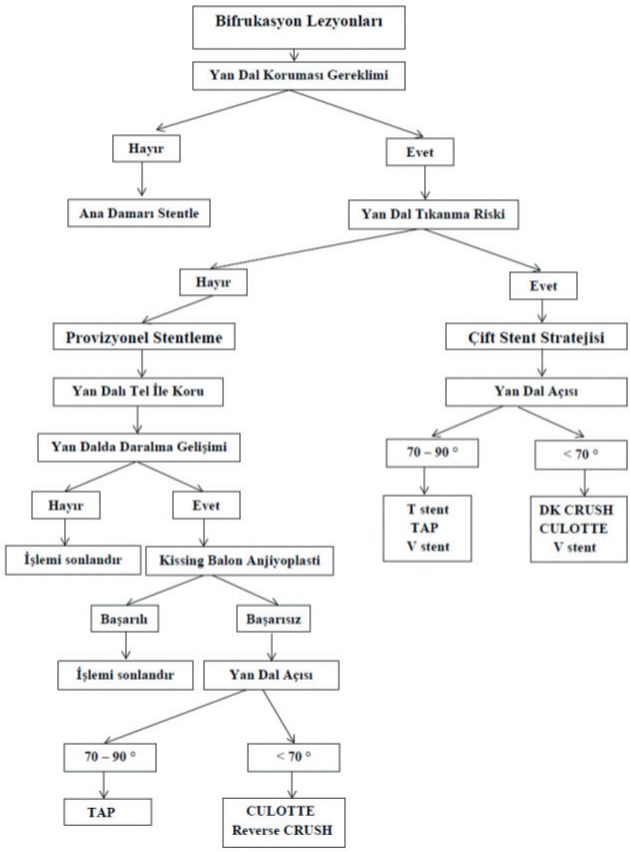

Şekil 9. Bifürkasyon lezyonlarına yaklaşım

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