

7. BÖLÜM

SAFEN VEN GREFT LEZYONLARDA PERKÜTAN KORONER GİRİŞİM

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GİRİŞ

Koroner arter bypass greft cerrahisinde (KABG) safen ven greftleri (SVG) ve arteriyel greftler (internal mammarian arter grefti (İMA), radial arter grefti, gastroepiploik arter grefti) kullanılmaktadır. İMA greftlerinin uzun dönem açık kalma oranı yüksek olmasına rağmen SVG'leri daha sık kullanılmaktadır. Safen ven greftlerinin bağlandığı bölgeden bağımsız olarak ilk bir yıl içinde %10'u tıkanır. Yüzde 65-80'i ilk 5 yıllık takipte patent ve %50-60'ı 10 yıllık takipte patent kalabilmektedir (1). Bu nedenden dolayı KABG olan hastaların %24'ünde ilk yıl rekürren angina görülmektedir. Rekürren angina olan hastalarda erken dönem girişim ihtiyacı doğmaktadır (2).

Tromboz, intimal hiperplazi ve ateroskleroz; safen ven greflerinde dejenereasyona neden olan temel sebeplerdir. KABG olan hastalarda redo-KABG' in mortalitesinin yüksek olması nedeniyle safen greftlerine perkütan koroner girişim (PKG) tercih edilmektedir. Safen ven greftlerine yapılan girişimlerde nativ koroner PKG'dan farklı olarak yüksek mortalite, periprosedüral miyokard infarktüsü (Mİ), restenoz görülmektedir. PKG sırasında greften distale doğru giden aterotrombotik parçalar "no-reflow" fenomenini oluşturmakta ve periprosedüral Mİ riskini artırmaktadır. No-reflow fenomeni trombüs önleyici cihazlar, filtreler, stent stratejisi veya farklı farmakoterapilerle aşılmaya çalışılmaktadır.

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Emboli koruma cihazları kullanılırken koruma cihazlarının balonları veya filtreleri sağlam segmentte açılmalıdır. Distal koruma cihazları ve filtreleri lezyon distaline ilerletilemiyorsa düşük profilli balon ile düşük basınçta predilatasyon yapılabilir. Distal filtre kullanırken en az iki açıdan filtrenin tam açıldığı kontrol edilmelidir.

Stent tercihi tartışmalı konu olmakla birlikte ilaç kaplı stentler tercih edilmelidir. Stent restenozlarında ilaç kaplı stentler kullanılmalıdır. Mümkünse direkt stent implantasyonu yapılmalıdır. Düşük çapta stent implantasyonu da tercihler arasında düşünülmelidir.

KAYNAKÇA

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