

8. BÖLÜM

KRONİK TOTAL OKLÜZYONLARDA PERKÜTAN KORONER GİRİŞİM

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TANIM

Kronik total oklüzyon (KTO) bir koroner arterde üç aydan daha uzun süre TIMI 0 (Trombolysis in Myocardial Infarction) akım olması durumudur (1). Tıkanıklığın süresini her zaman tam olarak bilmek mümkün olmamaktadır. Semptomların başlangıcına veya tıkalı damar bölgesinden geçirilen miyokard infarktüsü öyküsüne göre lezyonun KTO olup olmadığına karar verilir.

EPİDEMİYOLOJİ

Yapılan çalışmalarda koroner arter hastalığı (KAH) olan hastalarda KTO oranı yaklaşık %20 civarındadır. Bu oran koroner bypass cerrahisi uygulananlarda yaklaşık %50 iken, ST segment eleve olan miyokard infarktüsünde yaklaşık %10 civarındadır (2,3). Bu yüksek oranlara rağmen çağdaş klinik uygulamada KTO sayısı perkütan koroner girişim (PKG) hacminin yalnızca %6 ila %10'unu oluşturmaktadır (4-7).

LEZYONLARIN ÖZELLİKLERİ

Bir KTO'nun temel olarak ilk komponenti, genellikle fibrotik veya kalsifiye olan ve tel ilerlemesine önemli ölçüde direnç gösterebilen bir proksimal başlıktır. Daha sonra oklüzyon uzunluğu boyunca, çeşitli derecelerde adventisyal ve intralüminal neovaskülarizasyon ve değişken ölçüde kalsifikasyon ile gevşek fibröz doku veya organize trombüs segmenti izlenir. Eski lezyonlarda fibrokalsifik doku baskınken, daha yeni lezyonlarda kolesterol ve köpük hücreleri baskın

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Kardiyak komplikasyonlar

Kardiyak komplikasyonları koroner ve nonkoroner olarak 2'ye ayırabiliriz. Koroner komplikasyonlara örnek olarak, proksimal damarda oluşan diseksiyon ya da ipsilateral kollateralde oluşan akım kısıtlanmasına bağlı antegrad olarak oluşan iskemi/infarktüs, yan damar tıkanması, retrograd kollateral veren damarda ve kollateralde akım azalması, subintimal stentleme, sağlam distal damarda diseksiyon oluşması, tromboz, emboli, aortokoroner diseksiyon ya da koroner perforasyon sayılabilir.

Nonkoroner komplikasyonlara örnek olarak ise aritmiler, hipotansiyon vb. sayılabilir. Malzemelerin kırılması, kopması, sıkışması da kardiyak komplikasyonlara örnek olarak verilebilir.

Non-kardiyak komplikasyonlar

Giriş yeri komplikasyonları (hematom, psödoanevrizma, arteriyovenöz fistül vb.), tromboembolik komplikasyonlar, kontrast nefropatisi ya da alerjisi, aort diseksiyonu ve radyasyon hasarı gibi komplikasyonlardır.

NE ZAMAN DURALIM?

İşlem sırasında distale geçişi engelleyecek diseksiyon veya subintimal hematoma gibi komplikasyonlar oluşabilir. Böyle durumlarda aşırı kontrast kullanımı ve radyasyondan kaçınmak için lezyonun iyileşmesini beklemek amacıyla işlem başka bir seansa, genellikle birkaç hafta sonraya ertelenir. Kullanılacak maksimum kontrast volümü hastanın kreatinin klirensinin 3.7 katını geçmemelidir (42). KTO işlemi sırasında maruz kalınan radyasyon dozu 5 Gy'i geçmemelidir (43).

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