

# BÖLÜM 6

## PERİFER ARTER HASTALIĞINDA MEDİKAL TEDAVİYE GENEL BAKIŞ

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Periferik arter hastalığı (PAH), intermitant klodikasyo, iskemik istirahat ağrısı, iskemik ülser, kangren ve işlevsel bozulma gibi komplikasyonlarla sonuçlanan periferik damar sisteminin kronik, aterosklerotik bir hastalığıdır. PAH, artan prevalans ile dünya çapında 220 milyon insanı etkilemektedir. Eşlik eden obstrüktif aterosklerotik hastalıklara bağlı olarak iskemik inme, miyokard enfarktüsü (MI) ve kardiyovasküler ölüm oranı PAH hastalarında artmıştır. (1-3) Tedavi stratejileri yaşam tarzı değişikliği, medikal tedavi, endovasküler tedaviler ve cerrahi müdahaleler olarak alt bölümlere ayrılabilir.

Medikal tedavi kolesterol düşürücü tedavi, antiplatelet tedavi, antikoagülasyon, periferik vazodilatörler, kan basıncı kontrolü, sigarayı bırakma ve egzersiz tedavisini içeren tıbbi yönetimi içermektedir. Bu durumun ciddiyetine rağmen, PAH'lı hastalar, dramatik olarak daha az tedavi edilmektedir. (4)

### **KOLESTEROL AZALTIMI**

Yüksek lipid profili, kardiyovasküler hastalık ve PAH riskinin artmasıyla ilişkilidir. (5, 6) Statinler, ezetimib ve daha yakın zamanda PCSK9 inhibitörleri üzerine yapılan araştırmalar, lipid profilini özellikle LDL-K'ünü mümkün olan en düşük hedefe düşürmenin kardiyovasküler sonuçları iyileştirdiği gösterilmiştir. 18-20 Amerikan Kardiyoloji Koleji (ACC)/Amerikan Kalp Derneği (AHA), kolesterol düşürücü tedaviler açısından PAH'ı MI veya inme öyküsüne eşdeğer kabul etmektedir ve semptomatik PAH olan tüm hastaların yüksek yoğunluklu statin kullanımını önermektedir. (6-8) Ayrıca, PAH ve başka majör aterosklerotik kardiyovasküler hastalıkları olan hastaların statin kullanımını önermektedir. (6-8)

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Egzersiz tedavisi uygulaması topallama sonucu oluşan yaşam tarzı kısıtlamalarını önlemektedir. Egzersiz tedavisi ile fonksiyonel kapasitede iyileşme olduğu gösterilmiştir. ACC/AHA, klodikasyonu olan hastalar için egzersiz tedavisini sınıf 1A önerisi ile önermektedir. (29) Egzersiz tedavisinin ile birlikte yaşam kalitesindeki gelişmelere ek olarak ağrısız yürüme mesafesinde ortalama 82.11 m iyileşme izlenmiştir. (67) Egzersiz tedavisinin mortalite veya ampütasyon oranları üzerinde net bir etkisi yoktur. (67, 68)

## SONUÇLAR

PAH, yüksek morbidite ve mortalite ile yıkıcı bir hastalıktır. Progresyonu durdurmak, uzuv kaybını ve invaziv müdahale ihtiyacını önlemenin yanısıra kardiyovasküler mortaliteyi azaltmada önemlidir. Kolesterol yönetiminde yalnızca yüksek yoğunluklu statin tedavisi dışında, uzuv kaybını azaltma ve kardiyovasküler sonuçları iyileştirme potansiyeline sahip ezetimib ve PCSK9 inhibitörlerini de içerir. Antiplatelet tedavide, klopidogrel ekstremitte olaylarını, inmeyi ve MI'yı aspirinden de üstün bir şekilde azaltarak PAH yönetiminin temel taşı olmaya devam etmektedir. Yeni olan rivaroxaban, muhtemelen PAH'ta yaygın bir komplikasyon kaynağı olan aterotromboembolizmi engellemesi ile etkili bir ilaç olarak değerlendirilebilir. Silostazol ve ACE inhibitörü, PAH için kullanımlarını destekleyen kanıtlar cılız olsada, seçilmiş hastaların yönetiminde rol oynamaya devam etmektedir.

Klodikasyon semptomları olan hastalarda, denetimli egzersiz tedavisi ile semptomatik iyileşme sağlanabilir. Son olarak, danışmanlık, nikotin replasman tedavisi, bupropion ve vareniklin gibi sigarayı bırakmaya yardımcı olacak müdahaleler risk faktörü modifikasyonu için etkili ve güvenli araçlardır.

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