

# BÖLÜM 12

## EKSTRAKRANİAL SEREBROVASKÜLER HASTALIKLARDA GİRİŞİMSSEL TEDAVİ

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### GİRİŞ

Bilindiği üzere inme, dünya çapında yetişkin ölümlerinin ve sakatlıklarının önde gelen nedenlerindedir. Ekstrakraniyal aterosklerotik hastalık (EKAH), birincil olarak karotis arter stenozu, iskemik inmenin yaklaşık %18-25'ini oluşturur (1, 2). EKAH, optimal medikal tedavi (OMT), karotis endarterektomi (KEA) ve karotis arter stentleme (KAS) ile yönetilebilir. Tedavi seçenekleri büyük ölçüde semptomların varlığına, darlığın ciddiyetine, bireysel faktörlere, etkinliğe ve komplikasyon riskine bağlıdır. EKAH'ın yönetimi KEA, KAS ve OMT dahil olmak üzere tedavi seçenekleri birkaç farklı branştan uzman tarafından gerçekleştirilir. KA-E'nin çoğunluğunu vasküler cerrahlar uygularken, kateter bazlı tedaviler vasküler cerrahlar, kardiyologlar, girişimsel radyologlar, girişimsel nörologlar ve diğer profesyoneller tarafından yapılır. EKAH için birden fazla tedavi yöntemi mevcut olduğundan, Hastanın klinik durumu da göz önünde bulundurularak, özellikle birbiriyle çok fazla örtüşmeyen uzmanlığa sahip farklı uzmanlıklar genellikle bu terapötik seçenekleri sunduğunda optimal tedaviyi belirlemek zor olabilir. Bu bölümde ekstrakraniyal serebrovasküler hastalıkların girişimsel tedavi yöntemlerini ve endikasyonlarını tartışacağız.

### EKSTRAKRANİAL SEREBROVASKÜLER HASTALIK VE İNME EPİDEMİYOLOJİSİ

Ülkemizde Ölümler nedenlerine göre incelendiğinde, 2019 yılında %36,8 ile dolaşım sistemi hastalıkları ilk sırada yer almıştır. Dolaşım sistemi hastalıklarından

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