

BÖLÜM 25

AKUT EKSTREMİTE İSKEMİSİ

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Akut ekstremite iskemisi (AEİ), ekstremitenin arteriyel akımındaki ani azalma ile karakterize, ekstremitenin canlılığını tehlikeye sokan, hızlıca değerlendirilip, tedavi edilmesi gereken bir klinik durumdur. Semptomların başlangıcı 2 haftadan kısa ise AEİ, semptomların başlangıcı 2 haftadan uzun ise kronik ekstremite iskemisi (KEİ) olarak isimlendirilir (1).

Günümüzde iskeminin şiddetinin değerlendirilmesinde ve tedavi planlamasında sıklıkla Rutherford sınıflaması kullanılmaktadır. Damar cerrahisindeki ilerlemelere rağmen AEİ' nin mortalitesi ve morbiditesi yüksek seyretmeye devam etmektedir. Hastaların %10-30' unda amputasyon yapılmakta ve hastalığın 30 günlük mortalitesi %10 oranındadır (2 (1)).

EPİDEMİYOLOJİ, ETİYOLOJİ

AEİ 'nde heterojen bir klinik seyir ve heterojen tedavi metodları olduğu için gerçek bir insidans elde edilememiştir (3). İsviçre'de yapılan bir çalışmada yılda 100.000 bireyde 3 – 14 AEİ tespit edilmiştir ve bu hastaların büyük çoğunluğu 80 yaş üzeridir (4). USA' da devam eden en geniş çaplı epidemiyolojik çalışmada 1988 - 1997 tarihleri arasında 1.092.811 akut alt ekstremite arteriyel iskemisi ile başvuran hasta varken, 1998 – 2007 tarihleri arasında bu sayı 670. 704' e düşmüştür (5). Hastane mortalitesi % 8.3' ten % 6.3' e düşmüştür (5).

Atrial fibrilasyonun (AF) ve aterosklerotik kardiyovasküler hastalıkların teşhis ve tedavisindeki gelişmeler AEİ' ndeki azalmaya katkı sağlamış görünmektedir (6).

Son yüzyılda, genç hastalarda AEİ' nde emboli etyolojisi romatizmal ve konjenital kalp kapak hastalığından ziyade kardiyak aritmilere, yaşlı hastalarda in situ

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AKUT AORTİK OKLÜZYON (AAO) VE BİLATERAL ALT EKSTREMİTE İSKEMİSİ

AAO hayatı tehdit eden acil bir klinik durumdur. AAO; kalp kökenli büyük bir emboliye bağlı oluşabilir, aterosklerotik ve/veya anevrizmatik bir aortada trombus formasyonuna bağlı oluşabilir, trombofiliye, aort diseksiyonuna ve düşük kardiyak outputa bağlı oluşabilir.

AAO' da hızlı ve efektif bir revaskularizasyon sağlansa bile iskemik kalan doku kütlesi fazla olduğu için IRI tablosu ağır seyretmektedir, dolayısıyla AAO ekstremiteden ziyade hayatı tehdit eden bir durumdur (38).

Artan endovasküler anevrizma onarım (EVAR) işlemleri daha sık greft kaplı stent trombozu görülmesine neden olmuştur.

AKUT ÜST EKSTREMİTE İSKEMİSİNİN TEŞHİS VE TEDAVİSİ

Akut üst ekstremitte iskemisi akut alt ekstremitte iskemisi kadar sık değildir. Alt ekstremitte ile mukayese edilirse; iskemi daha sık emboliye bağlıdır, daha az hayatı tehdit edicidir (39).

Teşhis ve tedavisi AEİ' nden çok farklı değildir, fakat üst ekstremitte torasik outlet sendromları ayrı bir iskemi nedenidir.

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