

12. BÖLÜM

PULMONER DOLAŞIM GİRİŞİMSEL İŞLEMLER

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A-BRONŞİYAL ARTER EMBOLİZASYONU

Giriş

Bronşiyal arter embolizasyonu (BAE) hemoptizi tedavisi için yapılan girişimsel bir işlemdir. İlk olarak 1973'te Remy ve arkadaşları tarafından bildirilmiştir (1). Masif hemoptizi ise 24 saatte 300-600 ml kanama olarak tanımlanır ve bronşiyal arter embolizasyonu endikasyonudur. Masif hemoptizide konservatif tedavi %50-85 mortalite riski taşır (2). Kanamanın etiyojisi akciğer karsinomu, kanama diyatezi veya akciğer apsesi ise mortalite artmaktadır. İleri kardiyopulmoner hastalığı olanlarda mortalite %75-85'e kadar yükselmektedir (3,4). Bir hafta içerisinde 100ml veya üzerinde 3 veya daha fazla kanama, kronik ve yavaş artan hemoptizi de diğer bir tedavi endikasyonudur (4,5). Bununla birlikte, hastanın hava yollarının durumuna bağlı olarak, hayati tehlike oluşturan kanama oldukça az miktarda olabilir. Bu nedenle hayatı tehdit eden duruma neden olan kanama çok az olsa bile girişimsel tedavi uygulama endikasyonu vardır çünkü hemoptizide ölüm nedeni kan kaybı değil asfiksidir (6,7). Alveoler alandaki 400ml civarındaki kanın yaşamı tehdit eden asfiksi oluşturacağı düşünülmektedir (8).

Masif hemoptizinin başlıca nedeni enfeksiyonlardır (tüberküloz, bronşiyektazi, fungus topları, akciğer apsesi, pnömoni gibi) (9,10). Bunlar arasında en sık hemoptiziye neden olan ise tüberküloz zemininde gelişen aspergillozdur (11). Bunların dışında komplike pulmoner sarkoidoz, kistik fibrozis sık rastlanan hemoptizi nedenleri arasında yer almaktadır.

Akciğer kanserleri (primer ve metastatik) önemli hemoptizi nedenlerindedir. Mitral stenoz, sistemik hipertansiyon, pulmoner hipertansiyon, vaskülitler,

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(166,170).

Submasif PE'si olan 1006 hastayı içeren randomize bir çalışmada, sistemik trombolizde intrakraniyal kanama riski %3-%5'tir (118,171). Olası diğer komplikasyonlar, örneğin bradiaritmi, kardiyak tamponad, pulmoner arter rüptürü veya diseksiyonu, şiddetli hemoptizi, böbrek yetmezliği ve hemoglobüridir. Majör komplikasyon (majör kanama ve ölüm) olasılığı 0-%3 arasında değişmektedir (142,162,166). Lokal tedavi yapılan PE çalışmalarının meta-analizinde %2,4 oranında majör komplikasyon ve %7,9 oranında minör komplikasyon bildirilmiştir (148).

Sonuç olarak lokal tedavi akut masif PE'nin ve sağ ventrikül işlev bozukluğu olan veya sistemik tedavisi başarısız olmuş submasif PE vakalarının tedavisi için kabul edilmiş bir terapötik tekniktir. Bununla birlikte, en iyi sonuçları elde etmek için deneyimli bir girişimsel ekip gereklidir. Masif ve submasif PE için lokal tedavi protokolünü belirlemek, hangi submasif PE hastalarının lokal tedavi ile tedavi edilmesi gerektiğini tanımlamak ve erken lokal infüzyon tedavisinin uzun vadeli kronik tromboembolik pulmoner hipertansiyon gelişme riskini azaltıp azaltamayacağını anlayabilmek için daha fazla klinik çalışmaya ihtiyaç vardır.

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