

13. BÖLÜM

ABDOMİNAL AORTA GİRİŞİMSEL İŞLEMLERİ

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GİRİŞ

Abdominal aort hastalıkları; aort anevrizması, aort diseksiyonu, oklüziv hastalıklar, enfeksiyöz-inflamatuvar hastalıklar ve travma gibi patolojileri ile koroner ve periferik arter hastalıklarına ek olarak arteriyel hastalıkların geniş yelpazesine katkıda bulunur. Diğer arteriyel hastalıklara benzer şekilde, aortik hastalıklar uzun bir subklinik dönemden sonra farkedilebilir veya son derece zayıf prognoz ile seyreden akut aortik sendrom ile ortaya çıkabilir. Bu nedenle hastalığın akut seyredebilen kötü prognozunu azaltmak için doğru tanı ve tedaviye olabildiğince hızlı karar vermek gereklidir. Vasküler girişimsel radyoloji endovasküler tedavi seçenekleri ile abdominal aort hastalıklarının tedavisinde cerrahi operasyonlara kıyasla daha başarılı ve güvenli sonuçlar elde etmekte ve gelişen yeni tekniklerle beraber girişimsel tedavilerin önemi giderek artmaktadır.

ANATOMİ

Sistemik dolaşımın ilk segmenti olan aort doğrudan kalpten kaynaklanır. Sol ventrikülden, üç adet semilunar kapakçıktan oluşan aort kapağı ile ayrılır. Seyrinin başlangıcında, çıkan aort olarak yukarı doğru ilerler, daha sonra sola doğru arkus aortayı oluşturur. Bundan sonra, aort terminal dallarına bölünene kadar inen aort olarak aşağı doğru devam eder. Aort, toraks ve abdomenin neredeyse tüm uzunluğunu kapsayan yaklaşık 30 cm uzunluğa sahiptir. Vücuttaki en büyük arter olarak en büyük çapı aort kökünde yaklaşık 4 cm'dir. Çapı distale doğru azalır; çıkan aort çapı yaklaşık 3,5 cm ve abdominal aort (AA) çapı yaklaşık 2,5 cm'dir. Aort çıkan aort, arkus aorta ve inen aort olmak üzere üç

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