16.
BÖLÜM

ALT EKSTREMİTE VE PELVİK ARTERLERDE GİRİŞİMSEL İŞLEMLER

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ANATOMİ

Embriyonel dönemde alt ekstremiteler internal iliyak arterin siyatik dalından çıkan aksiyel arterden beslenir (1). Bu damar gelişmekte olan ayağın plantar yüzünde sonlanır. Femoral arter eksternal iliyak arterin devamı olarak uyluğun ön yüzü boyunca uzanır. Diz seviyesinde aksiyel arter ile birleşerek popliteal arteri oluşturur. Posteriyor tibial arter ve peroneal arter diz seviyesinin altında aksiyel arterden orijin alıp kruris posteriyoru boyunca uzanırlar. Anteriyor tibial arter popliteal arterden dallanıp kruris anteriyoru boyunca uzanır. Sonunda yüzeyel femoral arter baskın arter olur. Derin femoral arter femur başı seviyesinin altında ortaya çıkar. Çoğu aksiyel arter doğumdan önce geriler; tek kalıntılar inferiyor gluteal, popliteal ve peroneal arterlerdir.

Abdominal aorta dördüncü ya da beşinci lumbal vertebra seviyesinde ikiye ayrılarak sağ ve sol ana iliyak arterleri oluşturur. Ana iliyak arterler genellikle dal vermezler; nadiren aberran iliolumbal arter veya aksesuar renal arter dalı verebilirler. Lumbosakral bileşke seviyesinde ana iliyak arter eksternal ve internal iliyak arter olarak ikiye ayrılır.

İnternal iliyak arter medial ve posteriyora doğru ilerleyerek anteriyor ve posteriyor olarak iki gruba ayrılır. Hipogastrik arter de denilmektedir. Pelvik visera ve kasların beslenmesini sağlar. Dallanma paterni çeşitlilik gösterebilmektedir.

Anteriyor dallar:

- Obturator arter: Medial femoral sirkümfleks ve inferiyor epigastrik arterlerin dalları ile anastomoz yapar.

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Hastalar 1. hafta, 1. ay, 3. ay ve 6. aylarda kontrole çağrılır. Kronik kalıcı sondalı hasta grubunda 30-45 gün sonra hasta hala spontan idrar yapamıyorsa işlem başarısız kabul edilir. 3. ay kontrolünde prostat hacmi takibi yapılır. Ancak klinik iyileşme her zaman prostat bezi boyutu ile ilişkili değildir. PAE işlemi sırasında gelişebilecek komplikasyonlar arasında idrar yolu enfeksiyonu, hematüri, hematospermi, üriner retansiyon yer alır. Nadiren vezikal arter diseksiyonu, ürosepsis, fokal mesane duvarı iskemisi gibi majör komplikasyonlar gelişebilir.

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