

17. BÖLÜM

VENA KAVA İNFERİOR VE DALLARININ GİRİŞİMSEL İŞLEMLERİ

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GİRİŞ

Santral venöz sistemin en büyük veni vena kava inferiorudur (VKI). Diyafragma altındaki tüm venler birleşerek VKI'ya dökülür. VKI ve dallarının tıkanıklık ve darlıklarında hipotansiyon, alt ekstremitelerde ödem ve şişlik oluşabildiği gibi, abdominal kollateral venöz yapılarda belirginleşme ile ortaya çıkan çeşitli semptomlar görülür (1).

Akut ve kronik olabilecek bu darlık ve tıkanıkların endovasküler tedavisi yüksek başarı oranları göstermektedir. Benign darlık ve tıkanıklarda sistemik antikoagülan tedavi başarısız ise ya da cerrahi girişim mümkün değil ya da başarısız ise balon anjiyoplasti ve stentleme tercih edilen tedavi yöntemidir. Malign tümörlere bağlı tıkanıklıklarda ise cerrahi tedavi ile elde edilemeyen uzun süreli damar açıklığı endovasküler yöntemlerle sağlanabilmektedir. Başlıca uygulanan yöntemler endovasküler tromboaspirasyon ve trombolitik tedavi, perkütan transluminal anjiyoplasti (PTA) ve stent yerleştirilmesidir (2).

ANATOMİ

Alt ekstremitelerden gelen kanı toplayan eksternal iliak ven ile, pelvis ve dış genital organların kanını toplayan internal iliak ven birleşerek sağda ve solda birer adet olmak üzere ana iliak veni oluşturur. Bu iki ven birleşerek VKI'yı meydana getirir. Retroperitoneal olarak uzanan VKI'ya ovaryan/testiküler venler, renal venler, suprarenal venler, hepatic venler, lumbal venler ve inferior frenik venler dökülür (3).

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