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BÖLÜM

KAROTİS VE VERTEBRAL ARTER GİRİŞİMSEL İŞLEMLER

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GİRİŞ

Karotis veya vertebral arter hastalığı olan hastalar karotis veya vertebral anjiyoplasti ve stentlemeden yararlanabilir. Bu alternatif işlem, plağı arterlerin duvarlarına doğru iterek kan yolunu genişletir. Bu işlemler lokal anestezi kullanılarak yapılır. Stentleme, cerrahiye zorlaştıracak belirli özelliklere sahip arterler için en iyi seçenek olabilir.

Balon anjiyoplasti olarak da adlandırılan karotis veya vertebral anjiyoplasti sırasında, Girişimsel Nöroradyolog femoral arterde küçük bir kesi yapar. Daha sonra arterdeki tıkanıklığa bir kateter ilerletir. İşlem sırasında herhangi bir plak parçasının kırılmasını ve beyine gitmesini önlemek için bir filtre daralma alanının ötesinde kullanılır. Kateterin ucundaki küçük bir balon şişirilir ve plak arteriyel duvarın etrafına itilir. Girişimsel Nöroradyolog, artere stent adı verilen küçük bir metalik örgü tüp yerleştirir ve damardaki darlığın açılmasını sağlar. Balon, filtre ve kateter çıkarılır ve stent kalıcı olarak damar duvarında kalır. İşlem 90-120 dakika sürer ve genellikle hastanede 1 gece yatış gerektirir. İşlem yapılan hastalar 2 gün içinde günlük aktivitelerine geri dönerler.

ANATOMİ

Arkus aorta ve büyük damarlar

Arkus aorta anatomisine hâkim olmak nöroanjiyografi sırasında önemlidir. Arkus anatomisinin varyasyonları kraniyoservikal dolaşıma erişimi etkileyebilir.

Arkus aorta (a) Innominate arter (brakiyosefalik arter olarak da bilinir), (b) Sol ana karotis arter ve (c) Sol subklaviyan arter dallarını verir.

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