23. BÖLÜM

AKUT İSKEMİK İNME TEDAVİSİNDE ENDOVASKÜLER MEKANİK TROMBEKTOMİ

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GİRİŞ

Dünya Sağlık Örgütü (DSÖ) inmeyi, beyne giden kan akışının azalması veya tamamen durmasıyla, aniden gelişen, beynin bir kısmını ya da tamamını ilgilendiren işlev bozukluğu olarak tanımlamaktadır (1). Tüm dünya genelinde inme 3. sırada yer alan ölüm sebebidir (2). Günümüzde henüz enfarkt gelişmemiş iskemik beyin dokusuna giden kan akımının mekanik trombektomi gibi yöntemlerle zamanında geri getirilmesi inme tedavisinde tüm dünyada kabul gören oldukça önemli bir yöntem olarak kabul edilmektedir (3). Multidisipliner yaklaşım, bir inme takımının kurulması ve inme merkezi olarak hastane sertifikasyonu alınması inme tedavisinde başarıyı arttıran önemli faktörler arasında yer almaktadır (4).

ANATOMİ

Beyin kan dolaşımı ön sirkülasyon ve arka sirkülasyon olmak üzere ikiye ayrılmaktadır. Ön sirkülasyon anteriyor serebral arter (ACA) ve orta serebral arterden (MCA); posteriyor sirkülasyon ise baziler arterden (BA) dallanan posteriyor serebral arterlerden (PCA) oluşur. Anteriyor sirkülasyon tipik olarak sağ tarafta brakiyosefalik gövdeden ve sol tarafta doğrudan arkus aortadan kaynaklanan ortak karotid arterler (CCA) tarafından sağlanır. Arka sirkülasyon, genellikle subklaviyen arterlerden (SA) kaynaklanan her iki taraftaki vertebral arterler (VA) tarafından oluşturulur. Normalde karotis ve vertebrobaziller sistemler arasındaki iletişimi sağlayan bağlantılar bulunmaktadır. ACA'lar anteriyor kominikan arterler (Acom) ve internal karotis arterler (ICA) ile, PCA'lar ise

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KOMPLİKASYONLAR

Genel olarak, prosedürle ilgili komplikasyonların sıklığı, bir acil durum prosedürü için kabul edilebilir sınırlar içindedir (82).

Literatürde akut inmenin endovasküler tedavisinde komplikasyonlar intrakraniyal kanama (%4-5), yeni vasküler bölgelere emboli (% 2-6), vazospazm (%3-10), arteriyel diseksiyon (%2), ponksiyon yeri komplikasyonları (%3), subaraknoid kanama (%2-3) şeklinde bulunmaktadır (83-87).

Akut inme tedavisinde en önemli komplikasyon intrakraniyal kanamadır. Medikal tedavi ile karşılaştırıldığında, endovasküler tedavi semptomatik intrakraniyal kanama riskini artırmaz (88).

İşlem süresi ve hasta seçimi ile komplikasyonlar arasında istatistiksel olarak anlamlı bir korelasyon saptanmıştır. Bu nedenle ileri görüntüleme yöntemleri ile kriterlere uygun hastaların seçimi ve uygun tekniklerin kullanımı komplikasyon riskini azaltacaktır (89-91).

SONUÇ

Akut inme tedavisinde uygun teknik ve hasta seçimi, hızlı ve etkili damar reperfüzyonu temel noktalar olarak kabul edilmektedir.

EVT, tıkayıcı bir tromboembolizmin kavrama cihazları ve / veya doğrudan / dolaylı aspirasyon yoluyla fiziksel olarak çıkarılmasını içermektedir. Geçtiğimiz son on yıl içinde, kateter bazlı ve endovasküler cihaz teknolojisinde yaşanan gelişmeler sayesinde akut iskemik inmede damarların reperfüzyon oranlarında başarılı sonuçların alınması sağlanmıştır.

Gelecekte ise bulunacak yeni teknik ve teknolojik gelişmeler ile akut inme tedavisinde günümüze göre daha etkili sonuçların alınacağı öngörülmektedir.

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