



BÖLÜM 21

RADİYAL ARTERİYEL GİRİŞİMİN NADİR BİR KOMPLİKASYONU: RADİYAL PSÖDOANEVRİZMA VE TEDAVİ SEÇENEKLERİ

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ÖZET

Radiyal psödoanevrizma, radiyal arteriyel girişimin oldukça nadir görülen bir komplikasyonudur. Günümüzde girişimsel işlemlerde ilk tercih olan radiyal yoldan yapılan işlemlerin sayısı arttıkça, nadir komplikasyonların da görülme sıklığı giderek artacaktır. Bu nedenle olası komplikasyonların, risk faktörlerinin, tanı ve tedavi yöntemlerinin bilinmesi girişimsel kardiyologlar açısından önemlidir. Vaka 63 yaşında, oral antikoagülan kullanmakta olan bir hastada radiyal arteriyel yoldan yapılan koroner anjiyografiden 6 hafta sonra tanı konulan radiyal psödoanevrizma olgusu anlatılacak, tanı ve tedavi seçenekleri tartışılacaktır.

GİRİŞ

1929 yılında Forssmann'ın kendi üzerinde gerçekleştirdiği ilk sağ kalp kate-terizasyonundan beri, koroner anjiyografi, girişimsel kardiyoloji ve koroner arter hastalığının tespiti için devrimsel bir yenilik oldu¹. Yakın sayılabilecek bir geçmişe kadar, işlemler femoral arteriyel yoldan yapılmaktaydı; transradiyal koroner anjiyografi, ilk olarak 1989 yılında Campeau tarafından uygulandıktan sonra, 14 Ağustos 1992'de ilk transradiyal perkütan koroner girişim Ferdinand Kiemenj ve ark. tarafından uygulandı²⁻⁴. Transfemoral girişim (TFG), ilk yıllarda operatör tecrübesinin daha fazla oluşu, ulaşım kolaylığı ve kullanılan

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suz ağrı halinde akla getirilmeli ve ultrasonografi ile ayırıcı tanı yapılmalıdır. Tedavi tercihi, hastanın kliniği ve psödonanevrizmanın özellikleri göz önüne alınarak belirlenmeli, tedavi hasta bazında özelleştirilmelidir.

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