

## BÖLÜM 4

# BİFURKASYON LEZYONLARINDA ANATOMİK VE FONKSİYONEL DEĞERLENDİRME

[Hicaz ZENCİRKIRAN AĞUŞ](#)

[Ayşe BERİL TÜRKYILMAZ](#)

### Giriş

Son yıllarda girişimsel kardiyolojide önemli ilerlemeler kaydedilmesine rağmen, bifurkasyon lezyonları, yüksek oranda erken ve geç komplikasyon oranlarıyla önemli bir terapötik zorluk olmaya devam etmektedir. Avrupa Bifurkasyon Kulübü (EBC), çoğu bifurkasyon lezyonu için tercih edilen strateji olarak provizyonel tek stent tekniğini önermekte ve yan dal stentlemeyi, yalnızca önemli bir miyokardiyal bölgeyi besleyen bir dalda önemli bir akım sınırlaması varsa tavsiye etmektedir (1). Bununla birlikte, ana damar stentlemesinden sonra hangi yan dalın tedavi edilmesi gerektiğine dair belirlenmiş bir kriter yoktur. Ayrıca bifurkasyon lezyonlarının anjiyografik değerlendirilmesinde foreshortening, damarların üstüste denk gelmesi, açılma ve yan dal boyunca stent strutlarının varlığı nedeniyle bazı spesifik zorluklar vardır. Bu bölümde bifurkasyon lezyonlarının

anatomik ve fonksiyonel değerlendirmesinde kullanılan fraksiyonel akım rezervi (FFR), optik koherens tomografi (OCT) ve intravasküler ultrason (IVUS) görüntüleme yöntemlerinden bahsedilecektir.

### Fraksiyonel Akım Rezervi (FFR)

Önceki çalışmalar koroner anjiyografinin, jailed yan dalların anatomik ve fonksiyonel önemini doğru bir şekilde tahmin edemeyebileceğini göstermiştir (2). FFR, hem darlığın derecesini hem de spesifik arter tarafından kanlanan miyokardiyal bölgeyi yansıtan epikardiyal lezyona özgü fizyolojik bir parametredir (3). IVUS ve OCT gibi diğer invaziv anatomik değerlendirme araçları ayrıntılı anatomik bilgi sağlayabilir, ancak stenozun fonksiyonel önemini değerlendirmede kısıtlılıkları vardır. Video 4.1 de provizyonel stentleme yapılan bir bifurkasyon lezyonunda FFR değerlendirmesi ile tedavi yönetimi özetlenmiştir.

## Kaynaklar

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