

BÖLÜM 5

BİFURKASYON LEZYONLARINDA GÜNCEL KILAVUZ ÖNERİLERİ VE TEDAVİ ALGORİTMASI

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1.Giriş

Koroner bifurkasyon darlıklarının perkütan girişimsel tedavisi, darlıkların anatomisi, bu darlıkların şiddetini değerlendirmede kullanılan yöntemler ve tedavi seçeneklerindeki geniş değişkenlik nedeniyle halen tartışmalıdır. İşlem sırasında seçilecek teknik (provizyonel veya 2-stent), proksimal optimizasyon, kissing balon uygulamaları, işlemler sırasında fonksiyonel değerlendirme yapılması veya atarektomi gibi cihazların kullanılması operatörün yeteneğine veya kararına bağlı olduğu gibi, o merkezdeki genel yaklaşımlara ve sosyal duruma göre de büyük bir farklılık gösterir.

Hastaların tedavisinde yararlanan kılavuzlar randomize kontrollü klinik çalışmalar ile sağlanan bilgiler sonucunda; genel bir kural, ilke veya tavsiyeyi içerir. Bifurkasyon lezyonları ise her hastada farklıdır, hatta aynı hastada bile iki bifurkasyon lezyonu aynı değildir. Bu yüzden bu hastalarda

randomize klinik çalışma yapmak kolay değildir. Bifurkasyon girişimleri zorlu ve tartışmalı olmaya devam ettiği için genel kabul görmüş bir kılavuz uygulaması yapmak kolay gözükmemektedir.

Uzlaşma raporları ise bir konu hakkında uzmanların ortak bir fikir, görüş birliği olarak sundukları belgelerdir. Kılavuzlar kadar kesin bir bilgi veya kanıt sunmasalar da klinisyenlere günlük pratik yaklaşımlarında sağduyulu bir görüş sağlarlar.

Dünyada birçok ülkede bifurkasyon darlıklarının tedavisi için kendi imkanları, alışkanlık ve tecrübeleri doğrultusunda farklı yaklaşımlar sergilenmektedir.

Bifurkasyon darlıklarında geniş yan damar olsa da yapılan çalışmaların çoğunda agresif girişimsel işlemler konservatif yaklaşıma üstün bulunamamıştır. Bu durum sadece anjiyografik olarak anlamlı olan yan damarların klinik anlamlılıkta yetersiz kalabileceğini veya bugüne kadar anlamlı yan damarı tanımlamada yetersiz kaldığımızı gösterir

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