

BÖLÜM 18

KİSSİNG BALON

Ömer TAŞBULAK
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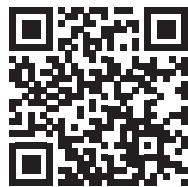
1.Giriş

Bifurkasyon lezyonları sık karşılaşılan karmaşık ve zorlu koroner lezyonlardır. Kissing balon (KB) dilatasyonu bifurkasyon lezyonları için geliştirilen ilk yöntemlerdendir ve bu lezyonlarda hala önemli bir role sahiptir. KB stent apozisyonunu optimize etmek, stent deformasyonunu ve distorsyonunu düzeltirken yan dala erişimi iyileştirmek için önerilmiştir. Yıllar boyunca KB tekniği bench testleri ve bilgisayar simulasyonlarından, *in vivo* intravasküler görüntüleme ve klinik çalışmalara kadar derinlemesine araştırılmıştır, böylece bu tekninin kısıtlamaları ve yararları konusunda geniş bir data oluşmuştur.

Kissing balon terimi ilk olarak Gruentzig tarafından iliak bifurkasyon stenozunun perkütan tedavisinin tanımlamasında kullanılmıştır. Bu tekninin ilk kullanımı ise 1980 yılında Velasquez ve arkadaşla-

rı tarafından Leriche sendromlu bir hastanın distal aorta anjioplastisi işleminde olmuştur (1). 1984 yılında ise ilk olarak perkütan koroner girişimde kissing balon dilastayonu uygulanmıştır (2). Tekniğin ilk uygulanmaya başlandığı yıllarda iki farklı vasküler giriş yolundan yerleştirilen iki kılavuz kateter üzerinden yerleştirilen balonlar ile dilatasyon uygulanıyordu. Ayrıca damar diseksiyonu riskinin daha az olacağı düşünüldüğü için simultane kissing yerine sıralı balon dilatasyonu uygulanmaktadır. 1986 yılında Oesterle ve arkadaşları tarafından iki farklı kılavuz kateter yerine tek bir kılavuz kateter ve iki kılavuz tel üzerinden uygulanmaya başlanan kissing balon dilatasyonuna o dönemde “kissing wire teknigi” de denilmektedir (3). İlk uygalandığı dönemlerde iki on-the-wire sistem balon ile kissing dilatasyonu şeklinde yapılan prosedür (4) 1989 yılında Myler ve arkadaşları tarafından bir fiks kılavuz tel ve bir over the wire balon ile (5),

Snugle kissing balon dilatasyon: Ya dal balonunun ana dala bir kaç mm protrüzyonu ile birlikte kissing balon dilatasyon. Özellikle Rigatelli ve arkadaşları tarafından tariflenilen nano inverted T stentleme (nano crush) işleminde veya ana dal proksimalinde POT yapacak yeterli mesafe veya uygun uzunlukta POT balonu bulunmadığı durumlarda uygulanabilir (**Video 18.2**).



Video 18.2. Snugle kissing balon dilatasyon. Ya dal balonunun ana dala bir kaç mm protrüzyonu ile birlikte kissing balon dilatasyon. Özellikle Rigatelli ve arkadaşları tarafından tariflenilen nano inverted T stentleme (nano crush) işleminde veya ana dal proksimalinde POT yapacak yeterli mesafe veya uygun uzunlukta POT balonu bulunmadığı durumlarda uygulanabilir.
(POT: proksimal optimizasyon)

Simultane kissing balon: Özellikle Nano DK nano culotte stentleme de tarif edilse de culotte stentleme tekniklerinde yan dal stenti deformasyonunu engellemek için yan dal stent implantasyonu sonrasında önce yan dal ardından ana dal balonu açılarak simultane kissing balon dilatasyonu. Ana dal stent implantasyonu sonrasında ise önce ana dal ardından yan dal balonu açılarak simultane kissing balon dilatasyonu. Balonların eş zamanlı indirilmesi önerilmektedir (**Video 18.3**).



Video 18.3. Özellikle DK nano culotte stentleme de tarif edilse de culotte stentleme tekniklerinde yan dal stenti deformasyonunu engellemek için yan dal stent implantasyonu sonrasında önce yan dal ardından ana dal balonu açılarak simultane kissing balon dilatasyonu. Ana dal stent implantasyonu sonrasında ise önce ana dal ardından yan dal balonu açılarak simultane kissing balon dilatasyonu. Balonların eş zamanlı indirilmesi önerilmektedir.

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