

## BÖLÜM 20

# ZOR ANATOMİLERDE BİFURKASYON LEZYONLARINA YAKLAŞIM

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### 1. Bifurkasyon Lezyonlarına Yaklaşım

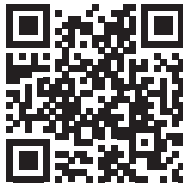
Koroner bifurkasyon lezyonları (KBL), tedavilerindeki teknik karmaşıklık, daha yüksek işlem komplikasyon riski ve bifurkasyon olmayan lezyonlara kıyasla genel olarak daha olumsuz sonuçları nedeniyle girişimsel kardiyologlar için başlı başına zor lezyonlar olarak sınıflandırılmaktadırlar [1]. Bifurkasyon lezyonunun karmaşık anatomisine göre çift stent yerleştirmek için çeşitli stent teknikleri geliştirilmiştir. Tek stent ile karşılaştırıldığında çift stent stratejisi, anlamlı olarak daha yüksek miyokard enfarktüsü ve stent trombozu riski ile ilişkilendirilmiştir [2]. KBL perkütan koroner girişimin (PKG) zorluğu, ana dal stentinin yandadaki akımı engelleme riskinden kaynaklanır. Avrupa Bifurkas-

yon Kulübü (EBC) konsensüs raporu, yaygın yan dal (YD) tutulumu olan bifurkasyon lezyonlarında sıklıkla çift stentleme stratejisi gerekli olduğunu kabul etmesine rağmen, özellikle gerçek olmayan veya sol ana koroner (LMCA) dışı KBL lezyonlarında YD tutulumu <10 mm ise 'aşamalı provizyonel' stentleme tekniği önermektedir [3,4]. Bunun yanında çok merkezli randomize DEFINITION II çalışmasında, YD tutulumu >10 mm olan kompleks KBL lezyonlarında iyi planlanmış sistematik çift stentleme teknikleriyle klinik sonuçlarda önemli bir iyileşme sağlandığı gösterilmiştir. DEFINITION II çalışmasında kompleks bifurkasyon lezyonu bir majör ve iki minör kriterin varlığı olarak tanımlanmıştır [5] (Tablo 1).



Video 20.4: CXA CTO lezyonuna perkütan koroner girişim uygulanan hastada CXA ve OM dal distallerine kılavuz teller ile geçilmesini takiben semi-kompliyan koroner balon dilatasyonu uygulandı. Takiben IVUS görüntülemesi ile CXA ve OM lezyonları distal damar çapları belirlenerek CXA-OM Nano crush stentleme uygulandı. CXA ve OM distaline kılavuz teller ile geçildi. CxA'deki NCB şişirilmiş haldeyken OM dal stenti geri çekilerek OM ostealden CxA'e minimal protrüzyon ve CXA NCB'de indentasyon izlenince implante edildi. Ardından CXA NCB indirildi ve stent balonu ile yan dal optimizasyonu uygulandı. CXA NCB ile crush yapılmasını takiben CXA de NCB ve OM de stent balonu ile kissing balon uygulandı. Ardından CxA'e distal çapa uygun stent implante edildi. POT işlemini takiben distal olmayan hücreden OM rewire edildi ve CXA ve OM distal çaplara uygun NCB'ler ile final kissing balon dilatasyon yapıldı. Final POT ile işlem sonlandırıldı.

(CTO: kronik total oklüzyon, CXA: sol sirkumfleks arter, IVUS: intravasküler ultrasound, NCB: non-kompliyan koroner balon, OM: obtus marjinal, POT: proksimal optimizasyon)



Video 20.5: LAD CTO PKG ve LAD-diagonal Nano crush stentleme. LAD CTO başarılı PKG takiben LAD ve diagonal dal nano crush stentleme yapıldı. LAD'deki NCB şişirilmiş haldeyken diagonal dal stenti geri çekilerek diagonal ostealden LAD'ye minimal protrüzyon ve NCB'de indentasyon izlenince implante edildi. Ardından LAD NCB indirildi ve stent balonu ile yan dal optimizasyonu uygulandı. LAD NCB ile crush yapılmasını takiben LAD de NCB ve diagonal stent balonu ile kissing balon uygulandı. Ardından LAD'ye distal çapa uygun stent implante edildi. POT işlemini takiben distal olmayan hücreden diagonal rewire edildi ve LAD ve yandal distal çaplara uygun NCB'ler ile final kissing balon dilatasyon yapıldı. Final POT ile işlem sonlandırıldı.

(CTO: kronik total oklüzyon, LAD: sol ön inen arter, NCB: non-kompliyan koroner balon, PKG: perkütan koroner girişim, POT: proksimal optimizasyon)

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