

BÖLÜM 22

BİFURKASYON LEZYONLARINDA KOMPLİKASYON YÖNETİMİ

Tuğba AKTEMUR

Alkım ATEŞLİ YAZICI

1. İşlem Sonrası Akım Kaybı Nedenleri ve Yönetimi

Koroner No-Reflow Fenomeni

Epikardial koroner arterlerin revaskülarizasyonu sonrası, lökosit ve inflamasyon ile ilişkili mediatörlerin katkısı ile lokal ya da yaygın kapiller ödem ve artmış arterial endotelial disfonksiyon durumu olarak tanımlanabilir (1). Başlangıçta olan iskemik hasar, reperfüzyon hasarı ve ayrıca perkütan koroner girişimlerle birlikte, balonlama ve stent implantasyonu sonrası distal koroner yatağa yoğun bir tromboemboli gerçekleşebilmektedir. Bu da koroner mikrosirkülasyonu olumsuz etkilemektedir (2). En sık görüldüğü hasta grubu ise akut koroner sendromdur (1). Artmış aterosklerotik yüke sahip hastalar koroner no-reflow açısından riskli olmakta birlikte düşük aterosklerotik yüke sahip hastalarda dahi balon dilatasyonu sonrası koro-

ner no-reflow fenomeni gelişebilmektedir. Tanıda altın standart olarak anjiyografi, miyokard kontrast ekokardiyografi veya magnetik rezonans görüntüleme kullanılabilir (3). Başarılı koroner girişimden sonra residüel koroner stenoz, trombus formasyonu ya da koroner diseksiyon varlığı olmaksızın, koroner akımın thrombolysis in myocardial infarction (TIMI) 3'ten daha az olması koroner no-reflow olarak tanımlanmaktadır (4).

Yaklaşım olarak, bu durumu önleyebilmek için akut koroner sendrom hastalarında kapı-balon zamanının kısaltılması, hemodinamik stabilizasyon ve elektrolit, kan glukoz dengesinin sağlanması önemlidir (1). Perkütan koroner girişim esnasında hem ana dal hem yan dal uygun çapta ve uzunlukta stent seçimi, trombus yükü fazla olan hastalarda distal koruma araçlarının kullanılması ile çeşitli yayınlarda korunma açısından başarı gösterilmiştir. Aynı zamanda trombus yükü olan hastalarda glikoprotein (Gp) IIb-IIIa inhibitörlerinin

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