

## BÖLÜM 23

# BİFURKASYON STENTLEMEDE ANTİTROMBOTİK TEDAVİ

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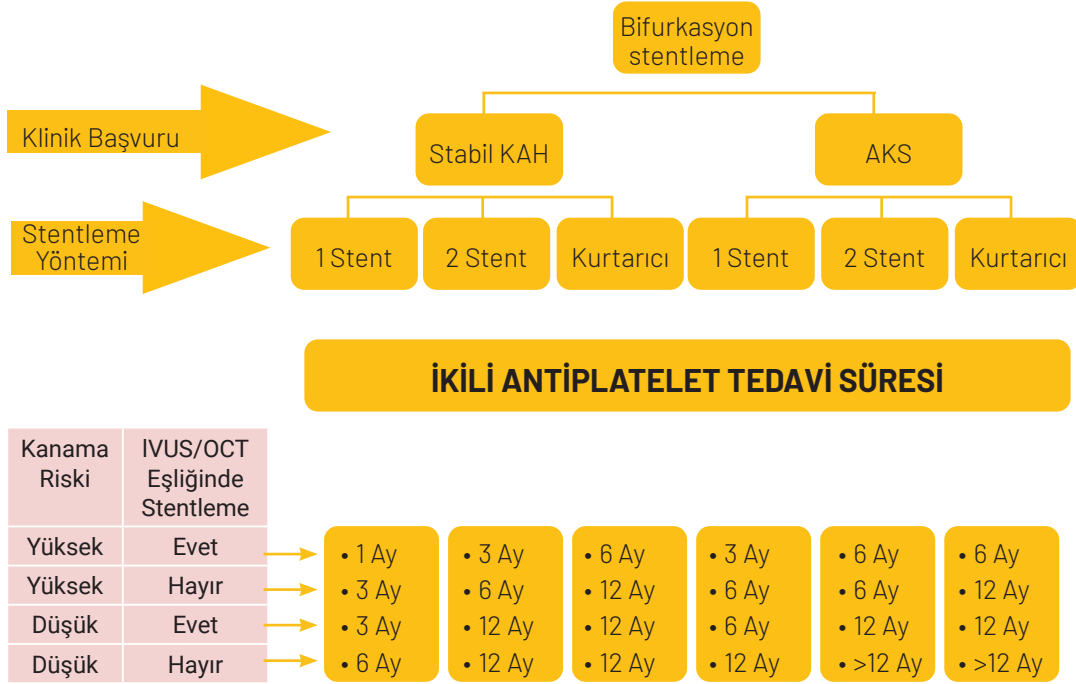
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### 1.Giriş

Bifurkasyon lezyonları, perkütan koroner girişim (PKG) ile tedavi edilen hastalarda bifurkasyon olmayan lezyonlara kıyasla daha düşük prosedür başarıları ve daha yüksek komplikasyon riski ile ilişkilidir (1). Bazı randomize kontrollü çalışmalar, bifurkasyon lezyonu olan hastalarda optimal müdahale stratejisini araştırmış ve iki stent yaklaşımı ile yalnızca ana dalın stentlendiği provizyonel teknik arasında klinik sonuçlar açısından bir fark saptanmamıştır (2,3). Bu nedenle, mevcut kılavuzlar provizyonel stentlemeyi ön planda önermektedirler (4). Ancak olguların %5-25'inde yan dal için ikinci bir stent gerekebilir. Her ne kadar iki stent gereken bifurkasyon lezyonlarında en başarılı çift stent tekniğinin hangisi olduğu tartışmalı olsa da stent sayısının artışına bağlı olarak komplikasyonlar, stent trombozu ve uzun dönemli kötü sonuçları açısından kullanılan teknikten bağımsız olarak bir risk artışı olmaktadır.

İlaç salınımlı stentlerin kullanıldığı PKG sonrasında aspirin ve bir P2Y12 reseptörünü içeren (klopidogrel, tikagrelor, prasugrel) ikili antiplatelet tedavi (İAPT) kullanımı standart tedaviyi oluşturmaktadır. Ancak İAPT açısından optimal süre hala tartışmalıdır (5). Özellikle kompleks koroner girişimler sonrasındaki tedavi süresi konusunda net bir görüş birliği bulunmamaktadır. Bifurkasyon lezyonları, PKG uygulanacak hastaların yaklaşık %15-20'sini oluşturmakta ve hastalar bu işlemler açısından daha yüksek risk grubunda yer almaktadır (2).

Bifurkasyon lezyonlarında artmış türbülant akım ile ilişkili olarak trombosit agregasyonu, plak rüptürü ve aterotrombotik süreç riski fazladır. Ayrıca, anatomik faktörler strat malpozisyonu ve stentin yetersiz ekspansiyonu gibi istenmeyen durumların oluşmasına sebep olabilir (6). İAPT'nin en önemli amacı: i) preprosedürel aterotrombozu önlemek, ii)periprocedürel distal mikro tromboembolizasyon yükünü azaltmak, iii) post-prosedürel



Şekil 23.2: Oral antikoagülasyon ihtiyacı olmayan hastalarda bifurkasyon PKG sonrası İAPT süresi için strateji algoritması önerisi (6)(AKS: Akut koroner sendrom, KAH: Koroner arter hastalığı, IVUS: İnvaziv Ultrason, OCT: Optik koherens tomografi).

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