

BÖLÜM 25

BİFURKASYON STENTLEMEDE GÜNCEL KANITLAR

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1.Giriş

Koroner vasküler yapının bifurkasyon bölgesindeki lezyonların kompleks anatomik yapısı, farklılaşan hasta özellikleri ve yöntemler arasında uzun dönem sonuçlar açısından değişkenlik nedeniyle bir çok bifurkasyon lezyonu (BL) için optimal tedavi yöntemi halen tartışılmaya devam etmektedir (1). BL' de artan operatör tecrübesi ve prosedüral başarının ilerlemesi ile günlük pratikte daha sık kullanım bulan perkütan tedavi yöntemlerine rağmen uzun dönemde major kardiyovasküler olay (MACE) sıklığı hala yüksek olabilmektedir. Özellikle artmış yan dal restenozu ile birlikte yüksek hedef damar revaskülarizasyonu (TVR) ve hedef lezyon revaskülarizasyonu (TLR) önemini korumaktadır. Klinik olay öngördürücülüğü açısından koroner BL' nin kompleks yapıda olup olmaması yanı sıra yan dal çapı ve lezyon uzunluğu, hastanın klinik

durumu ve iskemi mevcudiyeti, oklüzyon riski, bifurkasyon açısı ve komorbid hastalıklar gibi farklı etkenler de önem kazanmaktadır. Bu yüzden her BL kendine özgü değerlendirilmeli ve hasta/lezyon temelli yaklaşım ile her lezyon için en uygun tedavi yöntemi multifaktöryel olarak belirlenmelidir. Bu bağlamda bifurkasyon stentleme ile ilgili yapılmış olan çalışmalar tedavi stratejisinin belirlenmesinde yol gösterici olmaktadır.

2.Provizyonel Stentleme

Provizyonel stentleme kompleks olmayan birçok bifurkasyon lezyonunun tedavisinde ilk basamak olarak uygun bir strateji olmaya devam etmektedir. Yapılan klinik çalışmaların çoğunluğunda provizyonel stentlemeye göre 2-stent stratejileri ile MACE ve/veya hedef lezyon başarısızlığı (TLF) üzerine üstünlük gösterilememiştir. 2009 yılında

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