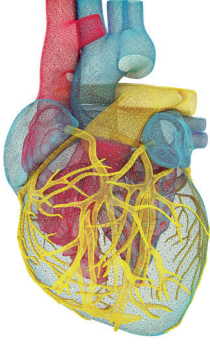


BÖLÜM 16



Antiagregan ve Antikoagülan Tedavi

Kenan ERDEM¹

| GİRİŞ

Diabetes mellitus (DM), tüm dünyada 346 milyon hasta olması nedeni ile pandemik bir hastalık olarak değerlendirilebilir. Diyabetik hastalarda kardiyovasküler hastalık oranı 3 kat artmış olup ve diyabetik olmayan hastalara göre kardiyovasküler mortalite 5 kat artmıştır (1). Diyabetik hastalarda görülen hiperglisemi, endotel disfonksiyonu, trombosit fonksiyonlarındaki bozulma, artmış pıhtılaşma faktörleri diyabetik hastalarda protrombotik bir ortam oluşturmaktadır. Bu protrombotik ortam diyabetik hastalarda artmış olan akut koroner sendrom ve yine tekrarlayan perkütan girişimlerin nedenidir (2). Klasik ikili antiplatelet tedavi (asetilsalisilik asit ve klopidogrel) ile bu aterotrombotik ortam azaltılmış olmasına rağmen hala önemli bir sorun olmaya devam etmektedir (3).

Diyabette; hiperglisemi, insülin direnci ve hücrel anormallikler trombosit fonksiyon bozukluğuna yol açmaktadır. Bu anormallikler trombosit hiperaktivitesi ile sonuçlanmakta ve trombosit agregasyonuna zemin hazırlamaktadır (4). Akut koroner sendromda (AKS) trombüs olu-

şumu trombosit agregasyonu ile başlar. Endotel hasarı ile başlayan süreçte, trombosit aktivasyonu ile tromboksan A2, adenosin difosfat ve trombin salınımı trombosit agregasyonu ile sonuçlanır. Bu nedenle trombosit inhibisyonu hem kısa hem de uzun vadede aterotrombotik olayların önlenmesinde ve tedavisinde önemli ve merkezi bir rol almaktadır (5-6).

| PRİMER KORUMADA ANTIPLATELET TEDAVİ

Aspirin (ASA); hem diyabetik hem de diyabetik olmayan hastalarda özellikle gastrointestinal sistem kanaması ile ilişkili bulunmuştur. Primer korumada ASA kullanımı; kardiyovasküler hastalığı olan diyabetik ve diyabetik olmayan hastalar arasındaki belirgin iskemik olay azalması nedeniyle JPAD (Japanese Primary Prevention of Atherosclerosis With ASA for Diabetes) ve POPADAD (Prevention of progression of arterial disease and diabetes) çalışmaları ile desteklenmiştir (7-8). Ancak güncel çalışmalar ışığında primer korumada ASA kullanımı sadece yüksek ve çok yüksek riskli diyabetik hastalarda önerilmektedir. Avrupa

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