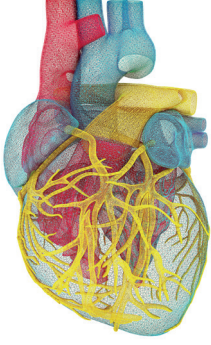


BÖLÜM 41



Karotis Arter Hastalığı ve Diyabet

Esra ÇOLAK¹

EPİDEMİYOLOJİ

Kardiyovasküler hastalıklar dünya genelinde mortalitenin önde gelen nedenidir ve kardiyovasküler ölümlerin yaklaşık altıda biri inme kaynaklıdır. Amerika Birleşik Devletleri'nde her yıl 795.000 inme vakası gerçekleşmekte, bunun da yaklaşık 610.000'ini indeks vakalar oluşturmaktadır (1). 2017 yılında Avrupa Birliği ülkelerinde 1,1 milyon inme vakası, yarım milyona yakın inme kaynaklı ölüm gerçekleşmiştir. Yaşlanan popülasyonla birlikte inme vaka sayılarının artacağı fakat inme kaynaklı ölümlerin de azalacağı düşünülmektedir (2). İnmelerin %85'i iskemik kaynaklıdır. Bütün inmelerin %10-15'i karotis arter darlığı ilişkilidir (3).

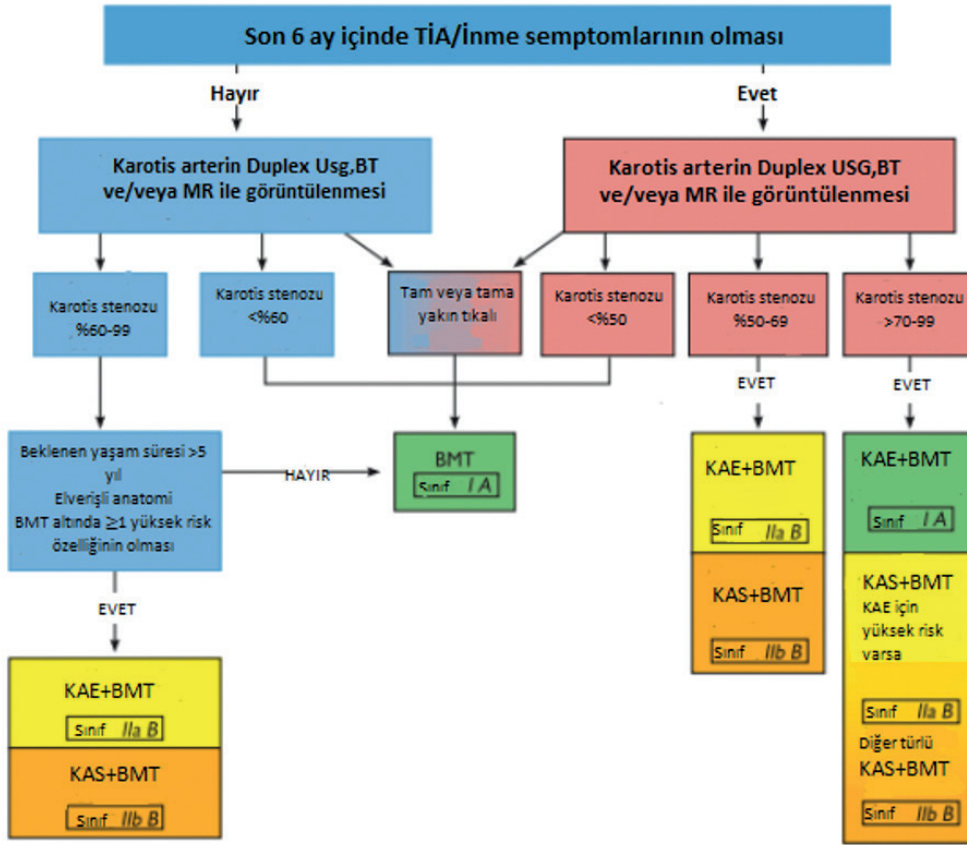
TANIMLAMALAR VE RİSK FAKTÖRLERİ

Karotis arter stenozu tanımı, ekstrakraniyal internal karotid arterin %50 ve üzerindeki darlıkları için kullanılmaktadır. Majör çalışmalarda tanı

öncesi 6 ay içinde semptom varsa "semptomatik"; hiç semptom yoksa ya da semptom var ancak tanıdan >6 ay öncesinde olmuşsa "asemptomatik" karotis arter stenozu olarak tanımlanmıştır. Se-rebrovasküler olaylar; geçici iskemik atak, iskemik inme ve sessiz infarkt olarak sınıflandırılmaktadır (4). Karotis arter hastalığı darlık derecelerinin sınıflandırılması şekil 1'deki gibidir (5,6).

Sigara ve yaş karotis ateroskleroza gelişmesinde en önemli iki risk faktörüdür. Diyabet, hipertansiyon, cinsiyet (75 yaş altında erkeklerde, 75 yaşından sonra kadınlarda daha sık) ve hiperlipidemi karotis arter hastalığı için diğer risk faktörleridir. Karotis arter hastalığı da, koroner arter hastalığı gibi daha çok damarların dallanma ve kıvrım yaptığı bölgelerde oluşur (3). Diyabetik hastalarda karotis arter hastalığının prevalansına ek olarak, hastalığın ciddiyeti ve girişimsel tedavi sonrası komplikasyon riski de artmıştır. Ayrıca karotis arter hastalığı etyopatogeneze katkıda bulunan obezite ve peri-organ adipöz doku depolanması, diyabetik hastalarda daha sıktır (7).

¹ Arş. Gör. Dr., Kocaeli Üniversitesi Tıp Fakültesi, Kardiyoloji AD., cardiologistesracolak@gmail.com



Şekil 1. Karotis arter stenozu tedavi şeması

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