

BÖLÜM 53



Sol Atriyal Apendiks Kapama

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GİRİŞ

Atriyal fibrilasyon (AF), embolik inme ve diğer tromboembolik komplikasyonların yaygın bir nedenidir. Sol atriyal apendiks (LAA), AF'de tromboembolizm için primer kaynaktır.

AF'li çoğu hasta için antikoagülasyon önerilir, ancak bazı hastalarda uzun süreli antikoagülasyon için kontrendikasyonlar vardır. Bu bölümde AF'li hastalarda perkütan LAA oklüzyonu ve cerrahi LAA oklüzyonu anlatılmaktadır. AF'li hastalarda antikoagülasyon ayrıca anlatılacaktır.

AF'si olan hastalarda LAA'daki trombus, tromboemboli için primer kaynaktır. Sol atriyal trombus bölgesini (transözofageal ekokardiyografi (TEE), kalp cerrahisi veya otopsi ile) inceleyen çalışmalarda, romatizmal kalp hastalığı olmayan AF'li hastalarda sol atriyal trombusun yüzde 90'ının LAA'da yer aldığı bulunmuştur(1). AF'li hastalarda tromboemboli kaynağı olarak LAA'nın önemi, özellikle antikoagülasyon endikasyonu olan ancak uzun süreli oral antikoagülasyon alamayan hastalarda LAA'nın

ligasyonu, amputasyonu veya kapanması için gerekçe sağlar.

Aşağıdaki koşullardan bir veya daha fazlasına sahip hastalar, uzun süreli antikoagülasyon için bir kontrendikasyona sahip olabilir:

- Artmış kanama riski; Kanama ile ilişkili trombositopeni veya bilinen koagulasyon bozukluğu olması veya gastrointestinal, genitoüriner veya respiratuar bölgeler dahil olmak üzere tekrarlayan kanama olması veya intrakraniyal kanama dahil olmak üzere önceki şiddetli kanama hikayesi olması veya alınan önlemlere rağmen hastanın yüksek düşme riski olması(örneğin yaralanmayla sonuçlanmış düşme hikayesi) veya ikili antiplatelet ve antikoagülolan tedavinin kombinasyonunu kullanımı için güçlü endikasyon olması durumları bu gruba girmektedir.
- Antikoagülolan tedaviye yetersiz uyum veya bu tedaviyi reddeden hasta.

AF'li hastalarda perkütan veya cerrahi LAA oklüzyonu veya eksizyonuyla tromboemboliyi azaltma stratejisinde bazı sınırlamalar bulunmaktadır. Bu sınırlamalar ise şu şekildedir:

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2014 AHA/ACC/Kalp Ritmi Derneği kılavuzunun AF’lı hastaların yönetimine yönelik 2019 odaklı güncellemesi, kalp cerrahisi sırasında LAA’nın cerrahi eksizyonunu zayıf bir şekilde önermektedir (46,47). Ayrıca, uzun süreli anti-koagülasyon için kontrendikasyonları olan yüksek inme riski olan AF’lı hastalarda perkütan LAA oklüzyonunun düşünülebileceğini belirtmektedir.

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