

## BÖLÜM 6



# ARTER DİSEKSİYONUNA BAĞLI İSKEMİK İNME VE TEDAVİ YAKLAŞIMI

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## GİRİŞ

İnme, nörolojik hastalıklar arasında dünya genelinde en sık sakatlığa yol açan ve nöroloji kliniklerine başvuruda en önde yer alan nedendir. Dünya sağlık örgütü tanımlamasına göre İnme “Vasküler nedenler dışında görünür bir neden olmaksızın, fokal serebral fonksiyon kaybına ait belirti ve bulguların hızla yerleşmesi ile karakterize klinik bir sendromdur” şeklinde tanımlanmaktadır (1).

Arter diseksiyonlarına bağlı iskemik inme gençlerde daha sık görülen ve tanı açısından daha fazla deneyim isteyen tedavi edilebilir bir inme nedenidir. Her yaşta görülebilmekle beraber gençlerde daha sık görülür. Yapılan bir çalışmada servikal arter diseksiyonu tüm inmelerin % 2’ sinden sorumlu olmasına rağmen 45 yaş altı popülasyonda bu oran %20-25’ e çıkmaktadır (2,3). Yapılan farklı kohortlarda oranlar arasında farklılık olsa da karotis arter için insidansın 1.7-3/100.000, vertebral arter için 1-1.5/100.000 olduğu tahmin edilmektedir (4,5,6). Günümüzde inme merkezlerindeki artış ve deneyimli girişimsel nörolog sayısındaki artış servikal arter diseksiyonu tanı ve tedavisini kolaylaştırmıştır. Doğru tanı ve tedavi imkanlarındaki artış %90 hastada olumlu sonuçlar elde edilmesini sağlamıştır (7).

## ANATOMİ VE PATOFİZYOLOJİ

Diseksiyon kelime anlamı olarak arter damar duvar katmanlarında yırtık oluşmasıdır. Bunun sonucu olarakta damar duvar tabakaları arasına kan dolar. Kanamaya sebep intimal bir yırtık olabileceği gibi, vasa vasorumlardaki rüptür veya başka

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devam ediyorsa antikoagulan tedavinin antiagregan ilaçlarla değiştirilmesi önerilmektedir (74). Direk oral antikoagulan kullanımı ile ilgili sınırlı çalışmalar bunların gelecekte iyi bir alternatif olabileceğini gösterse de şuan kullanım önerisi net değildir. Bu konuda daha fazla çalışmaya ihtiyaç vardır (75).

## PROGNOZ

Serebral ve servikal arter diseksiyonunun prognozu, öncelikle ilişkili iskemik inme veya SAK' ın ciddiyeti ile ilişkilidir. Akut servikosefalik arter diseksiyonunun morbidite ve mortalitesi, tutulan spesifik arterlere ve lezyonun yerine göre değişir. Diseksiyonun uzun vadeli sonuçlarına ilişkin yalnızca sınırlı sistematik veri mevcuttur. Ekstrakranial diseksiyonu olan hastaların % 70-85'inde tam veya mükemmel iyileşme, % 10-25'inde majör özürülük ve vakaların %5-10'unda ölüm görülür. Gözlemsel çalışmalarda servikal arter diseksiyonundan sonra kötü fonksiyonel sonuçla ilişkili faktörler, başlangıçtaki yüksek NIHSS skoru, arteriyel oklüzyon ve ileri yaştır (76-77).

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