BÖLÜM 7

# SEREBRAL VENÖZ TROMBOZDA ORAL ANTİKOAGULANLARIN YERİ

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## GİRİŞ

Serebral venöz tromboz (SVT), nadir görülen bir inme nedeni olup tüm inmelerin % 0.5-1' ini oluşturur. Genellikle doğurganlık çağındaki genç kadınlarda görülen bir hastalıktır (1). Hastaların çoğu fonksiyonel olarak bağımsız şekilde yaşamını sürdürebilmekte ancak % 10-15 hastada ciddi sekeller kalmakta veya hastalık ölümle sonuçlanmaktadır (2). Bilgisayarlı Tomografi (BT) anjiografi ve venografi gibi nörovasküler görüntüleme tekniklerinin kullanımının artmasıyla, SVT insidansı da artış göstermiştir (3).

SVT, pulmoner tromboemboli ve derin ven trombozunun aksine, genç kadınlarda daha sık görülmektedir. Bu durum, çoğunlukla gebelik, postpartum dönem ve kontrasepsiyon ile ilişkilendirilmektedir. SVT'nin etyolojisinde rol alan etkenler genetik ve genetik olmayan faktörler olarak ikiye ayrılmıştır (**Tablo 1**) (3,4).

Ayrıca son yıllarda SARS-Cov-2 enfeksiyonu ile ilişkili de çok sayıda olgu bildirilmiştir. Bu vakaların bir kısmı ağır enfeksiyonun geç komplikasyonu, bir kısmı ise izole başvuru semptomu şeklinde ortaya çıkmıştır (5).

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ilaçlar ve nonsteroid analjezik kullanımı, NOAK'lara karşı hipersensitivite gibi durumlarda kontrendikedir

Dabigatran ağır renal yetmezlikte (CrCL < 30 mL/dk) kontrendikedir. Rivaroksaban, apiksaban ve edoksaban CrCL < 15 mL/dk olan hastalarda önerilmez. Edoksaban, ilaç klirensi artması dolayısıyla iskemik inme riski arttığından, CrCL > 95 mL/dk olanlarda kontrendikedir; CrCL > 15–49 mL/dk olan hastalarda ise günlük 30 mg tek doz olarak kullanılmalıdır.

NOAK'lar, orta dereceli karaciğer yetmezliğinde doz ayarlaması yapılarak kullanılabilir. Ancak apiksaban ve rivaroksaban, koagülopatinin eşlik ettiği hepatik yetmezlikte kontrendikedir (42).

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