

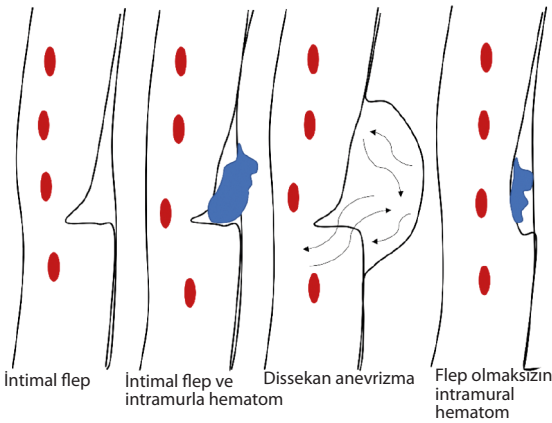
BÖLÜM 15

KRANİOSERVİKAL DİSEKSİYONLAR

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GİRİŞ

Arter duvarındaki katmanların birinde meydana gelen laserasyon/flep sonucu, kanın bu katmanların arasına girerek lümeninde daralma, tromboz, oklüzyon veya anevrizma oluşumuna yol açması diseksiyon olarak tanımlanır. Öncelikle intramural hematoma yol açan bu laserasyon, subintimal veya subadventisyal olabilir. İntramural hematoma, laserasyon olmadan tek başına da oluşabilir ve diseksiyona yol açabilir. (Resim 1)



Resim 1: Arteriyel diseksiyon anatomisi

Diseksiyonlar, spontan veya travmaya sekonder gelişebilir. Bu bölümde sırasıyla, önce spontan daha sonra travmatik kraniyoservikal diseksiyonlardan bahsedilecektir.

SPONTAN KRANİOSERVİKAL DİSEKSİYONLAR

Spontan kraniyoservikal diseksiyon, genç ve orta yaşlı hastalarda önemli bir inme nedenidir. 50 yaşın altındaki hastalardaki iskemik inmelerin %14-20'sini ve genel olarak tüm iskemik inmelerin %0,63-%2'sini oluşturur(1,2). Ayrıca aterosklerozdan sonra en sık kraniyoservikal arteriyel hastalık nedeni diseksiyondur(3).

Servikal arterler, intrakranial arterlere göre daha sık tutulur. İntrakranial diseksiyonlar, tüm intrakranial anevrizmaların %3'ünün, ve non travmatik subaraknoid kanamaların %6.2'sinin nedenidir. (4,5)

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Travmatik İntrakranial Arteriovenöz Fistüller

Direkt karotikokavernöz fistül (KKF) en sık görülen intrakranial travmatik arteriovenöz fistüldür. Genelde kafa tabanı ve maksillofasial kırıklara sekonder oluşmaktadır. İyatrojenik travmalara sekonder (endoskopik sinüs cerrahisi, transsfenoidal hipofiz cerrahisi gibi) de oluşabilmektedir. Ağrılı pulsatil egzofalmi ve pulsatil konjonktival hemoraji en sık görülen semptomlardır. BTA'da venöz basıncın artmasına sekonder oluşan genişlemiş süperior oftalmik venin görülmesi, kavernöz sinüste asimetrik artmış kontrastlanma ve genişlemiş kavernöz sinüs görülmesi halinde KKF'den şüphelenilmelidir. Ayrıca BT'de kalvaryal fraktürler de saptanabilmektedir. Tedavide endovasküler embolizasyon ilk basamak tedavi yaklaşımıdır.

Teşekkür

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