

BÖLÜM 28

AKUT İNMEYE KLİNİK YAKLAŞIM, GÖRÜNTÜLEME VE ENDOVASKÜLER TEDAVİ

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GİRİŞ

İnme, merkezi sinir sisteminin vasküler kaynaklı hasarına (enfarktüs, kanama) bağlı gelişen akut, fokal nörolojik defisit sendromudur. İnme, dünya çapında beşinci ölüm nedeniyken, sakatlığın önde gelen nedenidir. İnmelerin yaklaşık %85' i (1) iskemik nedenlidir.

İntrakraniyal vasküler bölgeler ve nöroanatomik yolların iyi bilinmesi, klinik muayene esnasında inme mekanizmasının anlaşılmasında, lezyon lokalizasyonunda ve prognozu belirlemede çok önemlidir. Bununla birlikte radyolojik görüntüleme inme hastalarının değerlendirilmesinde vazgeçilmez bir öneme sahiptir.

Bu kısımda akut inme tanı ve yönetiminde kullanılan değişik modaliteler, ileri görüntüleme teknikleri, inmeye klinik yaklaşım ve endovasküler tedavi seçenekleri tartışılacaktır.

Akut İnmede Klinik Değerlendirme

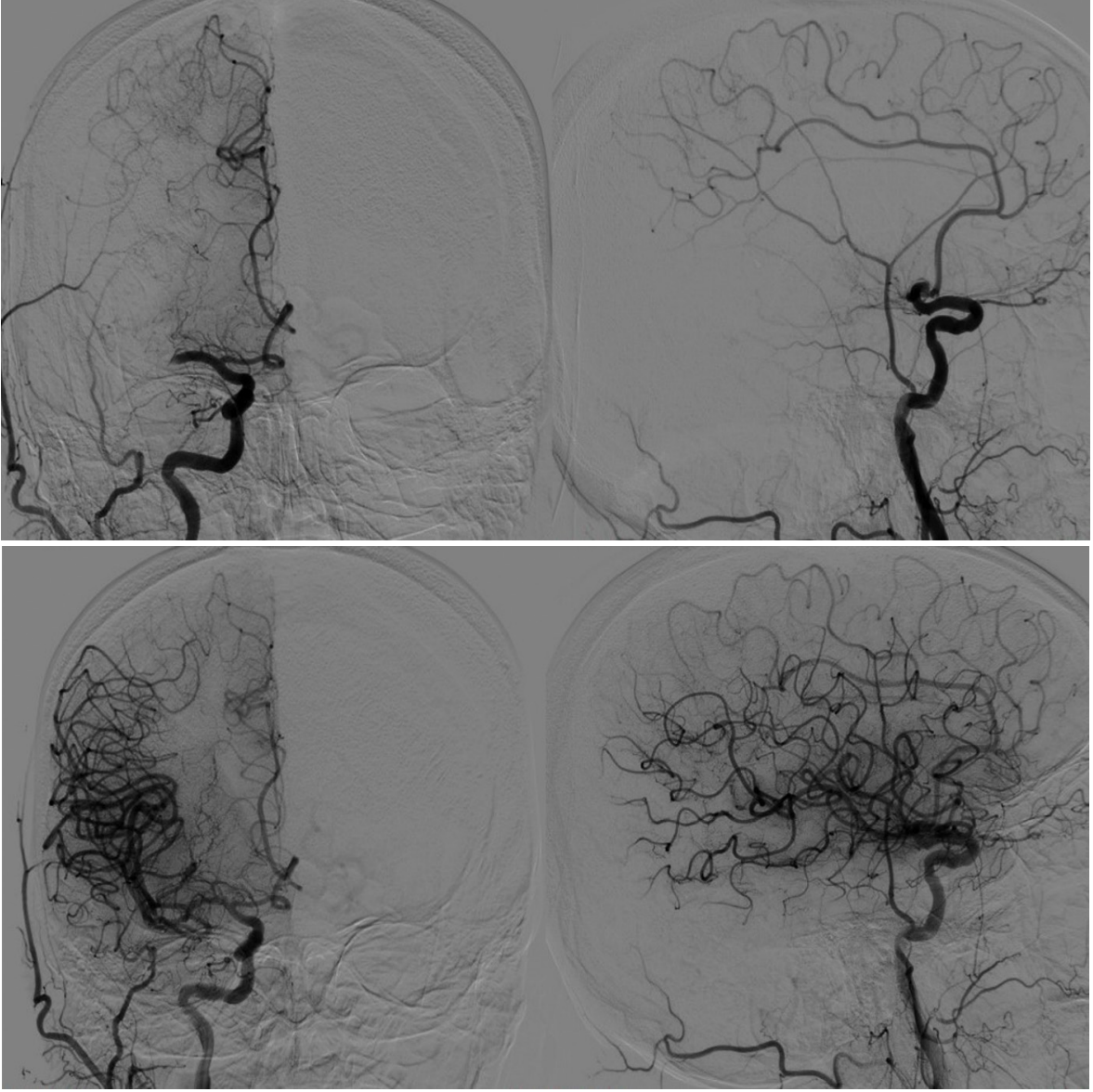
İnme hastasına yaklaşımın en önemli komponenti nörolojik belirtilerin erken tanınmasıdır. İnmede zaman eşittir beyin. Bu nedenle top-

lumun ve sağlık personelinin inme konusunda eğitilmesi, erken ve doğru müdahalenin sağlanması inme prognozunda önemli bir yere sahiptir. İnme şüphesi bulunan hastaya acil tıbbi yardımının sağlanması ve hastayı kabul ederek en uygun tedaviyi uygulayabilecek bir ekibin bulunduğu hastaneye sevki elzemdir.

İnme hastası değerlendirilirken; Hasta inme hastası mı? Semptomlar ne zaman başladı? Ne tür bir inme ile karşı karşıyayız? Lezyon nerede? Etiyoloji nedir? gibi soruların yanıtlanması gerekmektedir.

İnme sınıflaması için en sık kullanılan sınıflama TOAST (2) sınıflamasıdır. Bu sınıflamaya göre beş subtip tanımlanır. Bunlar büyük arter aterosklerozuna bağlı inme, kardioembolik inme, küçük damar oklüzyonuna bağlı inme, diğer etyolojilere bağlı inme ve sebebi bilinmeyen inme olarak sıralanabilir. Bununla birlikte inme hemorajik (Subaraknoid ya da intraserebral) ve iskemik (trombotik, embolik ya da azalmış global perfüzyona bağlı) neden ile olmaktadır ve tedavinin planlanmasında bu sebeplerin ayırt edilmesi önemlidir.

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Resim 2. 68 yaş, erkek hasta. 2 saat önce başlayan sol taraf güçsüzlük şikayeti. Konuşma bozukluğu. Bilinç açık. NIHSS 18. Diffüzyon MRG de sağ insüler korteks düzeyinde akut enfarkt bulguları. ASPECT skoru 9 olan hasta mekanik trombektomi (SOLUMBRA tekniği) ile rekanalize edildi. eTICI3 rekanalizasyon sağlandı.

agnostik görüntülemeindeki gelişmeler sayesinde belirli hastalarda endovasküler tedavi aralığı 24 saate kadar uzatılabilmektedir. Endovasküler tedavide kullanılan malzemeler ile ilgili teknolojik ilerlemeler akut iskemik inme nedeni ile oluşan morbidite ve mortalitede azalmaya yardımcı olmaktadır.

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