

## AORT KAPAK ANATOMİSİ

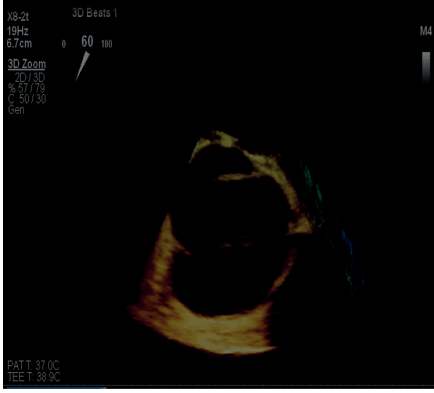
Aort kapağının patolojisini anlamak için, kapağın normal anatomisini bilmek çok önemlidir. Anatomik olarak aort kapağı, sol ventrikül çıkış yolu ile aortun tübül kısmı arasında bulunur (1). Normal aort kapağının sağ, sol ve non-koroner üç küspisi vardır. Küspisler kabaca benzer boyuttadır. Yetişkinlerde ortalama küspis genişliği 25-26 mm'dir (2). Küspisler komissürlerle ayrılır. Her küspisin aort duvarına yapışan bir tabanı ve bir serbest kenarı vardır. Kapak kapandığında serbest kenarlar bir araya gelir ve koaptasyon olur (1).

Kapağın serbest kenarı ile kapanma hattı arasında fazlalık bir yüzey vardır. Burada insidental yatay defektler veya fenestrasyonlar görülebilir. Her küspisin ventriküler tarafında, kapanma çizgisi boyunca ortada, Arantius'un nodülü olarak bilinen merkezi bir nodül vardır. Yaşla birlikte fenestrasyonlar, Arantius nodülleri ve Lambl çıkıntısı daha belirgin hale gelebilir ancak tipik olarak klinik önemi yoktur (1).

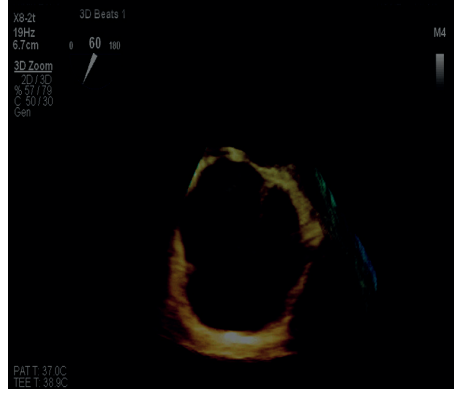
## ETİYOLOJİ

Aort yetersizliği (AY), aort kapağındaki veya aort kökündeki anormalliklerin sonucunda gelişebilir. AY mekanizmaları arasında aort kapak anulusunun dilatasyonu, küspis prolapsusu, küspislerin skarla retraksiyonu ve küspis perforasyonu yer alır (3). AY'nin küspislerle ilgili nedenleri arasında post inflamatuvar kapak

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Şekil 10. Biküspit aort kapak üç boyutlu ekokardiyografi



Şekil 11. Biküspit aort kapağın üç boyutlu ekokardiyografisi

## SONUÇ

AY'nin ekokardiyografik değerlendirmesi aort kökü, aort kapağı ve sol ventrikülün 2B/3B görüntülemesinin yanı sıra yetersizlik şiddetinin Doppler ölçümlerini içeren bütünleştirici yaklaşımla olmalıdır. Ölçümü için hem VK genişliği hem de PISA yöntemi tercih edilen parametrelerdir. Ek parametreler, AY'nin ciddiyeti hakkında konsolide olmaya yardımcı olur. KMR alternatif bir yöntemdir ve TTE ile TÖE sonuçları tatmin edici olmadığında veya yetersiz olduğunda veya AY şiddeti ile klinik bulgular arasında tutarsızlık olduğunda kullanılmalıdır (16).

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