

DEV SEREBRAL ANEVİZMLARDA ENDOVASKÜLER TEDAVİ

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GİRİŞ

Büyük (≥ 20 mm) ve dev (≥ 25 mm) intrakranial serebral anevrizmaların tedavisi gerek akım hemodinamikleri, gerek tedavi esnasında karşılaşılabilen sürprizler nedeniyle oldukça karmaşık olmasının yanında günümüz teknikleri ile hem endovasküler yolla hem cerrahi yolla tedavi sonrası yüksek mortalite ve morbidite oranlarına da sahiptir(1). Dev intrakraniyal anevrizmalar tüm intrakraniyal anevrizmalar arasında görülme sıklığı %3-5 arasında rapor edilmektedir(2-4). Dev serebral anevrizmaların adventisya ve muskularis mukoza tabakalarında fibronektin ve tip I kollajen kaybı gösterilmiştir(5). Kan basıncı pulsasyonları iç elastik laminayı dejenere eder anevrizma duvarını zayıflatır ve kubbesinde gerilmeye sebep olur(6). Anevrizma duvarında trombüs ve laminer nekroza nedeniyle skar oluşumu görülür. Anevrizma duvarının vasa vasorumlarından kaynaklanan sık mikro kanamalar, fibroblastlar tarafından enkapsülasyonu ve reorganizasyonu teşvik eder(7). Bu fibroblastlar, duvarı güçlendirirken aynı zamanda büyümesine de izin veren bağ dokusu üretir(8, 9). Tekrarlayan kanamalar, dev anevrizmanın daha küçük anevrizmalarla karşılaştırıldığında daha yavaş büyü-

me hızına sahip olmasının nedeni olduğu öne sürülmektedir(10). Dev intrakraniyal anevrizmalar çoğunlukla ekstradural ve internal karotid arterin (ICA) veya vertebral arterin (VA) proksimal segmentlerinde bulunur(4).

Dev serebral anevrizmaların tedavisi ile anevrizma rüptürünün ve tromboembolik komplikasyonlarının önlenmesi, anevrizmanın büyümesinin engellenmesi ve kafa içi kitle etkisinin azaltılması sonuçlarına ulaşılmalıdır(11, 12). Endovasküler tedavi yollarını rekonstrüktif teknikler ve dekonstrüktif teknik olmak üzere kabaca iki gruba ayırabiliriz. Rekonstrüktif teknikler başlığı altında, coil embolizasyon, balon asiste coil embolizasyon(BAK), stent asiste coil embolizasyon(SAK) ve akım yönlendirici cihaz yöntemlerini sayabiliriz. Dekonstrüktif teknik olarak ise parent arter oklüzyonu(PAO) uygulanabilen tedavi seçenekleridir. Selektif anevrizma embolizasyonunu içeren rekonstrüktif teknikler kendi içerisinde farklı oranlarda olmak üzere uzun dönem takiplerinde yüksek rekürrens oranı ile ilişkilidiler. PAO tedavisinin limitasyonu ise damar sakrifikasyonunun uzun dönem komplikasyonlarıdır(12-16).

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anatomisi ve karmaşık hemodinamik özelliklerinin daha iyi bir şekilde anlaşılmasını, tedavi stratejilerinin her vaka için ayrı ayrı kapsamlı bir şekilde multidisipliner tartışılmasını ve herhangi bir spesifik lezyon için tedaviyi bireyselleştirmeye yönelik keskin bir karar verme sürecini gerektirir.

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