

PERİFERİK ARTER HASTALIKLARININ GİRİŞİMSEL TEDAVİSİNDE MEDİKAL TEDAVİ

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GİRİŞ

Periferik arter hastalıkları (PAH) günümüzde önemi giderek artan, klinik pratikte de oldukça sık karşılaşılan önemli bir morbidite ve mortalite nedenidir. Bu hastalık grubunda semptomlar, asemptomatikten egzersiz kapasitesini azaltan aralıklı kladikasyona ve hatta iskemi, gangren ile ekstremitte amputasyonuna neden olabilen geniş bir spektrumda izlenebilmektedir. Semptomların şiddeti darlığın derecesi, lokalizasyonu, süresi, kollateral dolaşımın varlığı ve etkilenen dokulara göre değişmektedir.

İskemiye en duyarlı dokular sırasıyla; periferik sinirler (6. Saatten sonra geri dönüşümsüz hasar meydana gelir), cilt, cilt altı dokular ve çizgili kaslar (10 saat üzerinde iskemiye toleransı mevcuttur) sayılabilir.

Akut arteriyel ekstremitte iskemisi, arteriyel perfüzyonda ani bir azalma sonucu ekstremitte canlılığını tehdit eden ve bu nedenle acil tanı ve tedavi gerektiren durum olarak tanımlanır. (1) Semptom süresi akut iskemilerde iki haftanın altındadır. (2) Bu hastalarda semptomlar genellikle yeni ortaya çıkan veya kötüleşen kladikas-

yon, dinlenme ağrısı, ekstremitte uyuşma ve güçsüzlük, ekstremitte sıcaklığında azalma ve cilt renginde soluklaşma olarak ortaya çıkar. (3)

Bulgular ortaya çıktıktan sonraki ilk 24 saat hiperakut dönem, 1-14. günler arası ise akut dönem olarak tanımlanır. (4) Bu dönem kollateral kan akışının sıklıkla mevcut olduğu kronik ekstremitte tehdit edici iskeminin aksine, ekstremitte canlılığını çok kısa bir zaman aralığında tehdit eder, çünkü ekstremitte perfüzyonunun devamlılığını sağlayacak kollateral dolaşım için yeterli zaman yoktur. (5) Ani iskemi deri, kaslar ve sinirler gibi ekstremitte dokularının tümünü tehdit eder. Ekstremitte canlılığını korumak için bu durumu hızlıca tanımak ve acil revaskülarizasyon gereklidir. (6,7)

Akut arteriyel ekstremitte iskemisi daha çok alt ekstremitelerde görülmektedir. ABD’de yapılan çalışmalarda akut ekstremitte iskemisi insidansı 100.000 hastada 14-26 aralığında bulunmuştur. (6,8,9,10)

Semptomların iki haftanın üzerinde olduğu durumlarda tanım olarak kronik ekstremitte iskemisini kullanmak gerekmektedir.

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tromboembolik nedene göre warfarin gibi oral antikoagülan tedavi protokolüne eklenmelidir.

SONUÇ

Akut arteriyel ekstremite iskemisi amputasyon ve mortaliteye neden olabilen acil bir klinik durumdur. Klinik bulgular yerleşim yeri ve zamanına göre asemptomatikten ciddi iskemi bulgularına kadar değişebilmektedir. Bu tanıdan şüphelenilen hastalarda çok hızlı değerlendirme yapılarak tanı konulmalı ve erken tedavi sağlanmalıdır. Kateter aracılı trombolitik tedaviler seçilmiş hastalarda cerrahiye eş değer sağkalım oranlarına sahip olup perkütan trombektomi yöntemleri ile birlikte önemi giderek artmaktadır.

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