



# BÖLÜM 25

## Fibrinolitik Tedavi

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### GİRİŞ

STEMI(ST yükselmeli miyokard enfarktüsü) hastalarında tedavideki en önemli amaç erken komplet epikardiyal ve mikrovasküler reperfüzyon ile enfarkt alanını azaltmak olmaktadır. Trombüs eritici ilaçlar kullanılarak koroner damarlarda oklüzyona sebep olan pıhtıların giderilmesi tedavisine **fibrinolitik** veya **trombolitik** tedavisi denilmektedir(1). Fibrinolitiklerin önemli bir reperfüzyon stratejisi olduğu alan, önerilen zamandaki birincil PKG (primer perkutan girişim)nin yapılamadığı STEMI hastaları içindir. Günümüzde halen daha düşük ve orta gelirli ülkelerde STEMI hastalarının yarısından fazlası fibrinolitik ile tedavi edilmektedir(2-3).Yüksek gelirli ülkelerde ise kılavuzlarda önerilen 120 dakikanın altında ancak %25-50 arasında PCI yapılabilen merkezlere transfer yapılmaktadır(4-5). Eğer kapı-balon süresi uzayacak ise fibrinolitik tedavi ile sağlanan reperfüzyonlu total iskemi süresinin kısalması göz ardı edilmemelidir(6).

2019'da patlak veren ve bütün dünyaya yayılan COVID-19 (coronavirüs hastalığı-2019), STEMI tedavisi açısından yeni çıkarımlara sebep olmuştur. Özellikle COVID-19 ile maruziyeti azaltması açısından fibrinolitik tedavi tekrar ön plana çıkmıştır(6).

### FİBRİROLİZİN ENDİKASYONLARI VE TEDAVİNİN FAYDALARI

Belirtilerin başlamasından 6 saat içinde tedavi edilebilen her 1000 hastanın yaklaşık 30 unda erken ölüm önlenmektedir(7). 2023 yılında Çin'de yayınlanan 1823 hastayı içeren bir çalışmada 3 saat içinde başvurmuş ve STEMI tanısı almış olan hastalarda başarılı fibrinolitik tedavisinin, başarısız fibrinolitik tedavisine göre 2 yıllık mortalite riski daha düşük çıkmıştır .(%8.8 vs.%29) (8). Genel olarak bakıldığında en iyi yararın görüldüğü grup, oransal en yüksek riskte çıkan hastalardır. Bu fayda ise özellikle, yaşlı hastalarda ve semptomların başlamasından 2 saat içinde tedavi alabilen hastalarda belirgindir. 3300 hastadan oluşan 75 yaş üstü kişilerin oluşturduğu bir alt grupta belirtiler oluşmaya başladıktan 12 saat içinde dal bloğunun ya da ST yükselmesinin olduğunun tespit edilmesi ile başlanan fibrinolitik tedavi ile mortalite oranları belirgin şekilde azalmıştır(9). Trombolitik tedavinin uzun dönemde de mortaliteye faydasının devam ettiği görülmektedir. Fibrinolitik tedavi; semptomların başlamasından itibaren 12 saat içinde, STEMI tanısı konulmasının ardından 120 dk. içinde, primer PCI uygulanamayacak olan hastalara ve kontraendikasyonu olmayan hastalara önerilmektedir(10,11,12). Daha sonra-

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yapılabilen merkez sayısının artırılmasının desteklenmesi, tedavi sonrası PCI yapılabilecek merkeze transfer kolaylığının sağlanması, halkın miyokard enfarktüsü hakkında bilinçlenmesini sağlayacak kamu spotları yayınlanması, doktor ve paramedik kadronun spesifik eğitiminin sağlanması olmalıdır. Bu şekilde tedavi gecikmesinin önlenmesi sağlanabilir. İleri merkezlerle interaktif iş birliğinin sağlanması farmakoinvaziv stratejinin kullanılması açısından önemli olabilir.

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