



## BÖLÜM 27

### ST Yükselmeli Miyokard Enfarktüsünde Antitrombotik Tedaviler

Tuğba AKTEMUR ÖZALP<sup>1</sup>

#### STEMI TEDAVİSİNDE ANTİTROMBOTİK AJANLAR

##### Aspirin-Asetilsalisilik asit

Siklooksijenaz -1 enzimi 1976 yılında izole edilmiş (1) ve daha sonra aspirinin COX enzimini diğer nonsteroid antiinflamatuvarlardan bağımsız olarak irreversibl olarak inhibe ettiği gösterilmiştir (2). 25.086 akut koroner sendromlu hasta arasında yapılan CURRENT-OASIS isimli araştırmada 75-100 mg düşük doz asetil salisilik asit kullanımı ile 300 mg yüksek doz asetilsalisilik asit kullanımı karşılaştırılmış ve sonuçlar kardiyovasküler ölüm, inme ve miyokard enfarktüsü açısından değerlendirilmiştir. Yüksek doz asetilsalisilik asit kullanımının kardiyovasküler sonlanım açısından, düşük dozdan farklı olduğu gösterilmemiştir ve ayrıca yüksek doz asetilsalisilik asit kullanımı gastrik yan etkiler açısından risk taşımaktadır (3). Aspirin akut koroner sendrom geçirmiş olan hastalarda süresiz olarak önerilir (4) ancak aspirine aşırı duyarlılık geliştiren hastalar desensitizasyona gitmeli ve tedavi süresiz olarak kesilmelidir (5). 2021 Amerika Kardiyoloji Derneği'nin yayınladığı kılavuza göre , ST elevasyonlu miyokard enfarktüsü (STEMI) geçiren

hastalarda I primer perkütan girişim öncesi 162 mg ile 325 mg arası yükleme dozunun 1.günde yapılması ve kontrendikasyon yok ise 75 mg ile 162 mg arası dozlarda süresiz olarak idame tedavisine geçilmesi önerilir.(6,7). Avrupa Kardiyoloji Derneği ise 2017 tarihli kılavuzunda 75-100 mg asetil salisilik tedavisi önermektedir.

#### İkili Antiplatelet Tedaviler, Tedavinin Süresi ve Antitrombotik Tedavi Kombinasyonları

Primer perkütan girişim yapılacak olan STEMI olan hastalara P2Y12 inhibitörleri, işlem öncesi yükleme dozu ile verilmelidir(6). P2Y12 inhibitörleri, klopidogrel, prasugrel ve tikagrelorü kapsar. Güncel kılavuzlara göre, dual antiplatelet tedavi süresi 12 ay olup, medikal tedavi yapılanlarda uzatılması önerilmez. Ancak kanama riski yüksek olan grupta 6 aya indirilebilir.(8)

**2.1.Klopidogrel:** Klopidogrelin işlem öncesi oral olarak 600 mg olarak yüklenmesi önerilmektedir. 201 STEMI hastası ile yapılan bir araştırmada, 600 mg klopidogrel yüklemesi yapılan grubun infarkt boyutunun daha küçük, 30 günlük mortalitesinin daha az olduğu ve rezidüel kardiyak fonksiyonlarının daha iyi olduğu gösterilmiştir

<sup>1</sup> Uzm. Dr., İstanbul Mehmet Akif Ersoy Göğüs ve Kalp Damar Cerrahisi Hastanesi, Kardiyoloji AD., tugbaktetur@gmail.com, ORCID iD: 0000-0002-5578-432X

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