



VENA KAVA SÜPERİOR SENDROMU GÜNCEL YÖNETİMİ

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GİRİŞ

Süperior vena kava (SVK) sendromu, SVK'nın parsiyel yada komplet obstrüksiyonu sonucu kan akımının azalmasına bağlı oluşan semptom ve klinik bulguların toplamıdır. Klinik asemptomatikten hayatı tehdit edici acil durumlara kadar geniş yelpazededir (1-5).

Kitle basısı, tümör invazyonu ve/veya tromboz sonucu gelişebilir. En sık (%60-70) SVK'nın malign tümörle kompresyonu yada invazyonu görülmektedir. Tromboz ve stenoz %30-40 oranında görülmekte olup medikal cihazlara bağlı (kateter, pace lead) nedenler giderek artmaktadır (1-6). Tablo 1'de malign ve benign nedenler verilmiştir.

Hastaların klinik değişkenlikleri kan akımının sağ ve sol brakiosefalik venler birleşerek SVK ve sağ atriuma doğru olmakta iken obstrüksiyon yeri ve derecesine bağlı olarak yüzde şişlik, üst ekstremitede ödem, öksürük, larengeal ödem, beyin ödemi ile başvurabilirler. Obstrüksiyon nedeniyle kan akımı sağ atriuma olmamakta ve venöz basınç artmaktadır. Azygos sağ brakiosefalik vene, hemiazigos sol brakiosefalik vene akmakta ve azygos ve hemiazzygos arasında bağlantı venleri bulunmakta ve burda artan venöz basınç kollateraller olarak kliniğe yansımaktadır.

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