

## BÖLÜM 6

### ÖZEL POPÜLASYONLARDA ORAL ANTİKOAGÜLAN TEDAVİ: YAŞLI, OBEZ VE KRONİK KARACİĞER YETMEZLİĞİ OLAN HASTALARDA GÜNCEL YAKLAŞIMLAR

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#### 1.GİRİŞ

Tromboz dünya genelinde en sık görülen üçüncü ölüm nedeni olup, Dünya Sağlık Örgütü'nün (DSÖ) bulaşıcı olmayan hastalıklar arasında prevalansını azaltmayı amaçladığı hastalıkların başında yer alır (1). Tromboz venlerde görüldüğü gibi arterlerde de ortaya çıkabilen patolojik bir süreçtir. Arterlerde görülen tromboz, sıklıkla iskemik inme, miyokard enfarktüs ve akut ekstremitte inmesine sebep olmaktadır. Venöz sistemde gelişen tromboz ise derin ven trombozu (DVT) ve pulmoner emboli (PE) ile sonuçlanabilir; bu klinik tablo genel olarak venöz tromboembolizm (VTE) olarak isimlendirilmektedir (2). Alt ekstremitte venlerinde sıklıkla gelişen trombusun, eritrosit, lökosit, trombosit ve fibrin açısından zengin bir içeriği bulunmaktadır (3). VTE'e patagonezine ilişkin pek çok mekanizma tam olarak aydınlatılmamış olsa da VTE'nin patofizyolojisini açıklamak amacıyla öne sürülen Virchow triadı, hastalığın gelişiminde rol oynayan üç ana etmenin venöz staz, endotel hasarı ve hiperkoagülabilité olduğunu öne sürmektedir (4). VTE, genellikle ekstremitelerde kızarıklık, ödem, cilt renginde değişiklik ve lokal ısı artışı gibi semptomlarla kendini göstermektedir. Aseptomatik VTE hastalarında ise pıhtı damar lümenini tamamen engellemez; kan akımı kolletral küçük damarlar aracılığıyla sürdürülür. Fakat çoğu durumda asemptomatik seyreden

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ve kırılgnalık düzeyi mutlaka dikkate alınmalı, ilaç-ilaç etkileşimleri titizlikle yönetilmelidir.

**Obez hastalar:** Obezite, tromboembolik riskin artmasına yol açarken, aynı zamanda farmakokinetik değişiklikler nedeniyle tedavi yanıtını da etkilemektedir. Çalışmalar, DOAK'ların farklı obezite sınıflarında etkinlik ve güvenlik açısından VKA'lara kıyasla daha avantajlı olduğunu ortaya koymaktadır. Ancak VKİ  $\geq 40$  kg/m<sup>2</sup> veya vücut ağırlığı >120 kg olan hastalarda rivaroksaban ve apiksaban tercih edilmesi önerilmekte, bariyatrik cerrahi geçiren bireylerde ise emilim sorunları nedeniyle DOAK'lardan kaçınılması tavsiye edilmektedir.

**Kronik karaciğer yetmezliği olan hastalar:** Bu grupta hem kanama hem de trombotik komplikasyon riski belirgin şekilde artmaktadır. VKA'ların kullanımında hepatik disfonksiyon ve INR dalgalanmaları tedavi takibini güçleştirmektedir. Güncel veriler, hafif ve orta dereceli karaciğer yetmezliğinde bazı DOAK'ların güvenli alternatifler olabileceğini göstermektedir. Ancak Child-Pugh C evresinde tüm DOAK'lar kontrendike olup, Child-Pugh B evresinde ise seçilmiş ilaçların dikkatli kullanılması gerekmektedir.

Genel olarak, her üç popülasyonda da tedavi yaklaşımının bireyselleştirilmesi, multidisipliner değerlendirme ile desteklenmesi ve düzenli klinik izlem altında yürütülmesi gerekmektedir. Mevcut kanıtların sınırlılığı göz önünde bulundurulduğunda, bu özel hasta gruplarında geniş örneklemli, prospektif çalışmalara olan ihtiyaç devam etmektedir.

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