

BÖLÜM 12

ÇOCUK VE ERGENLERDE YÜZEYEL VEN TROMBOZUNA YAKLAŞIM VE TEDAVİ

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GİRİŞ

Yüzeyel ven trombozu (YVT), sıklıkla yüzeyel venlerde pıhtı oluşumu ile karakterize, inflamasyon ve lokal ağrıya yol açan bir tablodur. Geleneksel olarak hafif seyirli kabul edilmekle birlikte, son yirmi yılda YVT'nin derin ven trombozu (DVT) ve pulmoner emboli (PE) spektrumunun bir parçası olduğu anlaşılmıştır [1-4].

Pediyatrik hematoloji-onkoloji pratiğinde YVT en sık kateter kullanımı, lokal enfeksiyon veya kemoterapiye bağlı endotel hasarı ile ilişkilidir. Altta yatan malignite, sistemik inflamasyon veya trombofili bulunan çocuklar özellikle yüksek risk altındadır [5,6]. Bu nedenle tedavi stratejileri, antikoagülasyonun güvenliğini pıhtı progresyonu riskiyle dengelemeli; trombositopeni, damar yolu bağımlılığı ve hastalık durumu dikkate alınmalıdır.

EPİDEMİYOLOJİ VE RİSK FAKTÖRLERİ

Epidemiyoloji

Erişkinlerde YVT'nin yıllık insidansı 1000 kişi-yılında yaklaşık 1.3-1.6'dır [7]. Pediyatrik veriler sınırlı olmakla birlikte, periferik intravenöz kateteri bulunan çocukların %6-10'unda, yoğun kemoterapi alan onkoloji hastalarının ise %25'ine varan oranlarda YVT geliştiği bildirilmiştir [8,9].

Prospektif çocuk kayıtlarında DVT veya PE'ye ilerleme nadir olmakla birlikte mümkündür. Özellikle trombüs >5 cm olduğunda, safenofemoral bileşkeye yakın yerleştiğinde veya trombofili mevcutsa risk artar [10].

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- Derin sisteme yayılımın dışlanması için dupleks ultrasonografi zorunludur.
- Risk uyumlu tedavi (destek vs antikoagülasyon) komplikasyonları azaltır.
- DMAH standart tedavi olup, seçilmiş adolesanlarda DOAK alternatif olabilir.
- Kateter ilişkili YVT'de damar yolunun değerlendirilmesi ve gerekirse çıkarılması gerekir.
- Onkoloji hastalarında tromboz ve kanama riski bireyselleştirilmiş protokollerle yönetilmelidir.

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