

# Bölüm 1

## AORTOİLİAK TIKAYICI HASTALIK VE GİRİŞİMSEL TEDAVİ YÖNTEMLERİ

Ali Nazmi ÇALIK<sup>1</sup>

### GİRİŞ

Periferik arter hastalığı (PAH); koroner, serebrovasküler, viseral, aortoiliak ve infrainguinal damar yataklarını etkileyen aterosklerotik kardiyovasküler hastalık yelpazesinin önemli bir bölümünü oluşturmaktadır. Hipertansiyon, dislipidemi, diabetes mellitus ve sigara kullanımı gibi aterosklerotik risk faktörleri bulunan bireylerde PAH daha sık görülmektedir. (Selvin & Erlinger, 2004) Hastaların önemli bir bölümünün asemptomatik olması gerçek prevalansı olduğundan az gösterse de PAH, > 40-yaş bireylerin %10' unu, > 70-yaş bireylerin ise %20' sini etkilemektedir. (Jaff & ark., 2010) Gelişmekte olan ülkelerde artan sigara alışkanlığı ve tüm dünyada artan popülasyon, yaş ve diyabet sıklığı son 10 yılda alt ekstremite arteriyel hastalığında %23' lük bir artışa neden olmuştur. (Fowkes & ark., 2013)

İnfrarenal abdominal aorta ve iliak arterler kronik aterosklerotik değişikliklerin en sık izlendiği bölgelerdendir ve aortoiliak tıkaçıcı hastalık (AİTH) tüm PAH olgularının yaklaşık üçte birini oluşturmaktadır. Aortoiliak hastalık görece daha genç hastalarda görülmekle birlikte hastaların %30' u 50 yaşın altındadır ve hastalık infrainguinal bölge ile kıyaslandığında daha hızlı ilerleme eğilimindedir. (Coran & Warren, 1966)

Distal aort ve iliak arterlerin kronik tıkaçıcı hastalığının esas tedavi yöntemi cerrahi ya da endovasküler yöntemler ile yapılan aortoiliak rekonstrüksiyondur. İki tedavi modalitesi arasındaki karar hastanın eşlik eden hastalıkları, yaşam beklentisi, durumun aciliyeti, operatör tecrübesi ve en önemlisi hastalığın yaygınlığı göz önünde bulundurularak verilmelidir. (Clair & Beach, 2015) Aortoiliak tıkaçıcı hastalığın standart cerrahi tedavi yöntemi; ters 'Y' şeklinde bir greftin proksimalde distal aorta, distalde ise her iki ana femoral artere (AFA) bağlandığı 'aorto-bifemoral bypass' tır. (**Şekil-1**) (Bonvini & Roffi, 2011).

<sup>1</sup> Kardiyoloji Uzmanı, SBÜ Dr. Siyami Ersek Göğüs Kalp ve Damar Cerrahisi Eğitim ve Araştırma Hastanesi, calik\_nazmi@hotmail.com

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