



## BÖLÜM | 13

# Antiagregan, Antikoagulan ve Trombolitik İlaçlar

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### Giriş

Koroner endotel hasarı, ciddi acil klinik tabloya neden olan; koroner arter hastalığının önemli bir özelliğidir. Antiagregatuar sistem tedavide önem taşımaktadır. Bu bölümde anlatılacak olan üç farklı grup ajan antiagregatuar sistemde yer alarak tedavide önemli yer tutar.

### Antiagregan İlaçlar (=Antiplatelet=Antitrombosit)

Trombosit aktivasyonu; trombositlerin endotel ile etkileşmesiyle başlar. Trombositlerin subendotele yapışması; von Willebrand faktör(vWF) ve P-selektin molekülü aracılığı ile olur. vWF, glikoprotein 1b (GP1b) reseptörlerine bağlanır. Bu bağlanma; trombositlerin adenosin difosfat (ADP), tromboksan A2 (TxA2) ve benzeri otoaktivatör ve epinefrin, serotonin ve benzeri vazoaaktif maddelerin salgılanmasını sağlar. Hasarlanan endotel çevresindeki kolajen; trombosit yüzeyindeki GPIb/IIa integrin ve GPVI reseptörleri ile etkileşerek trombositlerde transformasyona, trombosit içi kalsiyum seviyesinin artmasına, trombositlerdeki granüllerin salınmasına sebep olur(1-3). Trombositler, salınan ADP, TxA2 aracılığıyla aktivasyon ile, agregasyon yerine giderler. Trombosit aktivasyonu ile glikoprotein (GP) IIb/IIIa reseptörü aktive olur ve vWF ile fibrinojen arasında kuvvetli çapraz bağlar oluşmasına yardım eder(4) (Şekil-1).

Trombositleri inhibe eden ilaçlar; asetilsalisilik asit, ADP reseptör antagonistleri, GP IIb/IIIa reseptör antagonistleridir.

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