

DERİN VEN TROMBOZUNDA MEDİKAL TEDAVİ HEPARİN VE VARFARİN

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Giriş

Derin Ven Trombozu (DVT); hiperkoagulabilite, endotel harabiyeti ve stazdan oluşan Virchow triadının bir veya birkaç bileşeni nedeni ile oluşur. Yıllık görülme sıklığı % 0.05-0.2 arasında değişmektedir⁽¹⁾.

Derin ven trombozunun pulmoner emboli, post-tromboflebitik sendrom ve pulmoner hipertansiyon gibi morbiditesi ve mortalitesi yüksek komplikasyonları ortaya çıkabilir. Bu nedenle hızlı tanı ve tedavi çok önemlidir. Proksimal (baldır üstü venleri) derin ven trombozundan bu riskler daha çok görülmekle birlikte distal (baldır venleri) derin ven trombozları için de geçerlidir. Tedavinin amacı bu üç komplikasyonu önlemek olduğu gibi nükslerin önlenmesi ve fizyolojik trombozun da baskılanmasına bağlı olarak ortaya çıkabilecek kanama komplikasyonunun mümkün olduğu kadar aza indirgenmesidir.

Venöz tromboemboli tedavisinde ilk olarak antikoagülanlar (klasik heparin, düşük molekül ağırlıklı heparin ve oral antikoagülanlar) yer alırken, katater aracılı trombolitik tedaviler (plasminojen aktivatörleri, üro-

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füzyon süresinin kısa olması, hacim yüklenmesi yapmaması, transfüzyonla ilişkili akut akciğer hasarı yapmaması yönünden TDP'ye üstündür⁽⁵⁴⁾. Avrupa' da bazı kılavuzlar; hayatı tehdit eden majör kanamada INR'nin düzeltilmesinde ancak PCC bulunmadığı durumlarda TDP kullanılmasını önermektedir.

Rekombinant Faktör VIIa; etkisi hızlı başlar ve sadece faktör VIIa içerir. Hemostazda klinik etkileri belirsiz olup tromboemboli riski bulunmaktadır. Bir çalışmada intrakranial kanamada mortaliteyi azaltmamış, üstelik tromboemboli riskini artırmıştır⁽⁵⁵⁾. Başka bir çalışmada ise INR yi azalttığı, ancak hedef değere ulaşılmadığı, hemostazı düzeltemediği gösterilmiştir⁽⁵⁶⁾.

Deri nekrozu, gangren: Küçük kutanöz damarların trombozuna bağlı, primer olarak protein C eksikliği olan hastalarda varfarin başladıktan sonraki 3-8 gün arası dönemde görülmektedir. Tedavisinde antikoagülan olarak varfarini kesip yerine heparin başlamak ve gerekiyorsa yara debritlemanı yapmak uygun olmaktadır⁽⁵⁷⁾.

Mor ayak (purple toe) sendromu: Varfarinin nadir bir komplikasyonu olup en sık sebep olarak kolesterol embolisi gösterilmektedir. Varfarin başladıktan 3-8 hafta içinde hastada mor ayak görülürse akla gelmelidir. Erken yakalanırsa tamamen geri dönüşümlü olup varfarini kesilip heparin başlanmalıdır⁽⁵⁸⁾.

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