

## DERİN VEN TROMBOZUNDA TROMBOLİZİS VE KATETER ARACILI TROMBOLİZ

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Derin venöz trombozları (DVT) yılda genel popülasyonda 100.000'de yaklaşık 56/122 kişiyi etkiler. Amerika birleşik devletlerinde DVT'ler her yıl 50.000 ila 200.000 arasında ölümden sorumludur. Aynı zamanda koroner arter hastalığı ve inme sonrası üçüncü en yaygın kardiyovasküler patolojiyi temsil etmektedir<sup>(1,2)</sup>.

DVT sadece sorumlu olduğu klinik tablo ile değil sebep olduğu komplikasyonlarla da ciddi bir sorun haline gelebilir. Yatarak ölümlerin %10'una neden olan pulmoner emboli (PE) ve ekstremitayı tehdit eden venöz kangren, kronik venöz hipertansiyon ve post-trombotik sendroma bağlı ciddi morbiditeye sebep olan Plegmasia caerulea dolens (PCD) tablosuyla karşılaşmamıza da neden olabilir<sup>(3)</sup>.

PCD kapiller düzeyde ortaya çıkan tromboz sonucunda, ekstremita siyanozu ve şişme ile karakterizedir. Bu klinik tablo; dvt ye bağlı mortalitelerin %20-41 ini oluşturur<sup>(4,5)</sup> ve hayatta kalanların çoğunda da venöz ülserasyon ve ekstremita kaybı geliştirdiği için önemlidir.

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Faydalanma olasılığı en yüksek olan hastalar (**Tablo-3**), uzun yaşam beklentisi, önemli iliofemoral trombozu olan ve **akut dönemde (<14 gün)** olan bireylerdir. Altta yatan anatomik anormallik şüphesi olan hastalar da KAT'in tanısal ve terapötik potansiyelinden yararlanabilir. Bu popülasyonun agresif tedaviden fayda görmesi ve daha sonra yaşam kalitesinde bir artış olması muhtemeldir.

Posttravmatik veya postoperatif hastalar gibi DVT geliştirme olasılığı yüksek olan hasta grupları KAT kullanımını sınırlandırmaktadır. Bu nedenle, hedef grup hastane dışında ortaya çıkan DVT'leri veya ameliyatsız DVT'leri (sepsis gibi) içerebilir.

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