

VENÖZ TROMBOEMBOLİ VE BÖBREK YETMEZLİĞİ

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Venöz tromboembolizm (VTE), derin ven trombozu (DVT) ve pulmoner embolinin (PE) ortak klinik başlığıdır¹. Klinik pratikte, VTE epizotlarının yaklaşık üçte ikisini DVT, üçte birini DVT ile veya DVT olmaksızın PE oluşturur^(2,3).

Rudolf Virchow tarafından 1856 yılında tanımlanan tromboz gelişiminde rol oynayan üç ana faktör olan; hiperkoagülobilite, endotel hasarı/disfonksiyonu, hemodinamik değişimler (staz, tırbülan akım) ‘Virchow triadı’ olarak adlandırılmıştır.⁽⁴⁾ Hiperkoagülobilite başlığı altında, faktör V leiden mutasyonu, protrombin G20210A mutasyonu, protein C eksikliği, protein S eksikliği, antitrombin III eksikliği bulunmaktadır. Tromboz gelişimine ait diğer risk faktörleri ve hastalıklara baktığımızda; ileri yaş, obezite, malignite, cerrahi, travma, immobilizasyon, gebelik, hormon replasman tedavisi, ilaçlar (oral kontraseptif kullanımı, tamoksifen, thalidomide, lenalidomide, asparaginase), nefrotik sendrom, kronik böbrek hastalığı (KBH), kalp yetmezliği, konjenital kalp hastalıkları, ciddi karaciğer hastalıkları, antifosfolipid sendrom (AFS) ve miyeloproliferatif hastalıklar sayılabilir.⁽⁵⁻¹⁰⁾

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teinin rolü bulunmaktadır. P-glikoprotein yolunu indükleyen veya inhibe eden ajanlar ile etkileşimi vardır. Bunun yanında, bu grup sitokrom p450 tarafından metabolize edilir ve CYP3A4 inhibitörleri (flukonazol, ketokonazol, itrakonazol, vorkonazol...) veya CYP3A4 indükleyicileri (rifampin, fenitoin...) ile ilaç etkinliği değişmektedir.

Oral antikoagülan seçiminde, tedavi başlangıcında hastanın kullandığı ilaçların gözden geçirilmesi, takibinde ilaç etkisinin olmayacağı grup ilaçların tercihi önem arz etmektedir. Aksi takdirde tedavi başarısızlığı veya kanama ortaya çıkabilir.

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