13.
Bölüm

YAŞLI HASTA GRUBUNDA DERİN VEN TROMBOZU

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Derin ven trombozu(DVT) , venöz dolaşım sisteminde oluşan trombozların genel adıdır. En sık alt ekstremite derin venlerinde nadir olarak üst ekstremite, pelvis ve diğer venlerde görülür. Derin ven trombozu basit bacak şişliğinden, hayati tehdit eden pulmoner emboliye (PE) kadar değişen klinik bulgulara sebep olur. (1) İleri yaş, DVT için ciddi bir risk faktörüdür. Yapılan araştırmalarda 40 yaştan sonra risk artmaya başlar , her dekatta risk ikiye katlanır. Toplumda 85 yaş üzeri yaşlı nüfusda , 40 yaş altı hasta grubuna göre DVT riski 15 kat artmış olarak saptanır.(2)

Venöz tromboembolizmi ile ilgi yapılan prospektif ve retrospektif bir çok çalışmada yaşlı hastalarda 3 yıllık mortalitede DVT, tüm nedenlere bağlı ölümlerde prediktif belirleyici olarak saptanmıştır. Kanser, kardiyovasküler, nörodejeneratif hastalıklar, kronik akciğer hastalığı, arteriyel hipotansiyon, hipoksemi, trombositopeni ve yüksek kardiyak troponin gibi bir çok hastalıkla DVT ilişkilendirilmiş. (3,4,5) İsveç' de yapılan 5 üniversite ve 4 volümü yüksek merkezli prospektif chort çalışmasında 65 yaş üstü hastalarda DVT mortaliteyi %21 oranında arttırdığı görülmüş. Mortalite artışı, ilaç kullanımı yetersizliği ve inaktif yaşamla ilişkili bulunmuştur. DVT'ye bağlı ölümler pulmoner emboli , enfeksiyon , kanama olarak saptanmıştır .(6)

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Kinik semptomları başladıktan 14 günden az süre geçmiş olup , yaşam beklentisi 1 yıldan fazla, kanama riski düşük olan , böbrek fonksiyonları ve fonksiyonel kapasitesi iyi olan hastalarda tercih edilir. Bunlar, katater aracılıklı trombolitik tedavi, ultrosonla hızlandırılmış katater aracılıklı trombolitik tedavidir (EKOS), farmako- mekanik trombektomidir (FMT-anjiojet). Kullanımı yaşlı hastalarda yaygın değildir.[83,84]

İnferior Vena Kava (İVK) Filtre Kullanımı:

Rutinde önerilmemekle birlikte mükerrer PE, oral antikoagülasyonun kontrendike olduğu hastalarda ve yeterli antikoagülasyona rağmen yineleyen venöz tromboemboli geçiren hastalarda geçici İVK filtresi önerilir.[79] Yaşlı hastalarda kontrast nefropatisi, yaşam beklentisi ve hasta fonksiyonel kapasitesi göz önüne alınarak karar verilmelidir.

Kompresyon Çorabı:

Kompresyon çorabı ağrıyı ödemi azaltmada posttrombotik sendromu önleme etkileri mevcuttur. 2021 ESVS kılavuzunda proksimal DVT olgularında için ilk 24 saat içinde çoklu bandaj veya orta -yüksek basınç varis çorabı (30-40 mmHg) önerilmektedir.[85] Ek olarak proksimal DVT olgularında semptom ve bulgular sınırlı ise 6-12 ay süre ile dizaltı kompresyon çorabı önerilmektedir. [79,86]

Yaşlı hastalarda kompresyon çorabı ve bacak elevasyonu gibi konservatif yöntemler tedavinin etkinliğini arttırmaktadır. Her türlü tedavide hastanın yaşı ve yaşla birlikte oluşan organ disfonksiyonları, ek hastalıklarını düşünürek minimal invazif davranılması uygundur.

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