

## Bölüm 6

# ORAL VE MAKSİLLOFASİYAL CERRAHİDE ANTİKOAGULAN VE ANTIAGREGAN İLAÇLARI KULLANAN HASTALARA YAKLAŞIM

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### GİRİŞ

Koroner arter hastalığı ve periferel vasküler hastalıklarda uzun dönem antiplatelet tedavisi ve dual terapi sık yapılan bir uygulamadır. Sistemik veya pulmoner emboli riski olan hastalarda antikoagulanlarla tromboprofilaksi bu hastalıklarla baş etmede tedavinin önemli bir parçasıdır. Bunlardan dabigatran faktör IIa direkt inhibitörü olarak, rivoraksaban ve apiksaban faktör Xa inhibitörü olarak, asetilsalisilik asit siklooksijenaz yola etkisiyle platelet agregasyon bozarak, tiklodipin, klopidogrel, prasugrel ve tikagrelor adenozin difosfat reseptör inhibitörü olarak, absiksimab, eptifibatid ve tirofiban glikoprotein IIb/IIIa inhibitörü olarak görev yaparlar. Bunların yanında K vitamini bağımlı pıhtılaşma faktörlerini inhibe eden warfarin'i unutmamak gerekir.

Oral ve maksillofasiyal cerrahi kliniklerinde bu ilaçları kullanan hastalarla sık karşılaşmaktadır ve bu ilaçlar yapılan cerrahi işlemler açısından klinik önem arz eden ilaçlardır. Cerrahi işlemler öncesi bu ilaçları kullanan hastalarda yapılacak işlem açısından doğru değerlendirme operatif açıdan çok önemlidir.

Antiplatelet ilaçlar etki mekanizmalarına göre kategorize edilmişlerdir. (Şekil 1)

### ASETİLSALİSİLİK ASİT

Felix Hoffmann 1897'de aspirin'i sentezlemiş ve asetilsalisilik Asit (ASA) terimini kullanmıştır. (Manzano & Pérez-Segura, 2012) John Robert Vane, ASA'nın prostoglandin ve tromboksan üretimini nasıl baskıladığını göstermiş ve 1971'de Nobel ödülüne layık görülmüştür.

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