12 BÖLÜM

ENDOVASKÜLER MÜDAHALELER

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Ece ATALAY [1]

GİRİŞ

Postpartum kanama (PPK), obstetrik bir acil durumdur. Kaynakların hem bol hem de sınırlı olduğu ülkelerde maternal mortalitenin ilk beş nedeni arasında yer alır. Ancak, PPK'ya bağlı mutlak ölüm riski gelişmiş ülkelerde belirgin şekilde daha düşüktür. Ölüm ve ciddi maternal morbiditenin önlenmesi için zamanında tanı, uygun kaynakların sağlanması ve etkin bir yanıt verilmesi kritik öneme sahiptir.

Uygun bir yanıtın sağlanabilmesi için kurumsal planlama ve hazırlık esastır. Kanama kontrolünün geleneksel ve kanıtlanmış yöntemlerine ek olarak, umut verici yeni ve doğaçlama yaklaşımlar da tanımlanmıştır. Bu yöntemler arasında, mümkün olduğunda pelvik arter embolizasyonu ile aort ve pelvik arterlerin endovasküler balon oklüzyonu yer almaktadır. Yenilikçi yöntemler hakkında bilgi sahibi olmak, konvansiyonel yöntemlere yanıt vermeyen kanamalarla karşılaşıldığında klinisyenlere değerli birer son çare seçeneği sunabilir (1). Geleneksel endovasküler prosedürler; seçici arteriyel embolizasyon, aralıklı aort balon oklüzyonu, common iliak arter balon oklüzyonunu içermektedir.

ANJİYOGRAFİ

Aortun resüsitatif endovasküler balon oklüzyonu (REBOA), felaketle sonuçlanabilecek ya da potansiyel olarak felaketle sonuçlanma riski taşıyan obstetrik

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tedaviler uygulanmalı, bu tedavilere yanıt alınamayan veya yetersiz kalan olgularda minimal invaziv müdahalelere geçilmelidir. Bu bağlamda, anjiyografi ve uterin veya hipogastrik arter ligasyonu giderek daha fazla önem kazanmaktadır. Bu prosedürler, klinisyenlerin girişimsel vasküler cerrah veya radyologlarla iş birliği içinde çalışmasını gerektiren vakalardır. Günümüzde sınırlı sayıda seri bildirilmiş olsa da, tekniklerin başarıyla uygulanması gelecekte umut vadeden bir yaklaşım olduğunu göstermektedir.

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