



BÖLÜM 30

Şiddetli Kalsifik Aort Darlığı İçin Müdahale Seçimi

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GİRİŞ

Kapak değiştirme endikasyonu olan ciddi kalsifik doğal aort kapak darlığı (AD) olan hastalar için müdahale seçenekleri arasında cerrahi aort kapak değişimi (SAVR) veya transkateter aort kapak implantasyonu (TAVİ, ayrıca kateter aort kapak değişimi veya TAVR olarak da bilinir) bulunur. Ağır AD'li hastalara yaklaşımda multidisipliner bir ekip yaklaşımı önerilir, çünkü burada verilen kararlar karmaşıktır.

Bu başlıkta, kapak replasmanı endikasyonu olan şiddetli AD'li hastalar için tedavi seçimi (SAVR, TAVİ veya palyatif medikal tedavi) gözden geçirilecektir.

MÜDAHALE SEÇİMİ

Müdahale endikasyonu olan ciddi kalsifik doğal AD'li hastalar için,

1. Tahmini cerrahi risk ve diğer faktörlere dayalı olarak cerrahi aort kapak replasmanı (SAVR),
2. Transkateter aort kapak implantasyonu (TAVİ) veya
3. Palyatif tıbbi tedavi

Seçenekleri arasında bir seçim yapılır.

İlk değerlendirme: Kapak replasmanı endikasyonu olan şiddetli kalsifik AD'li hastalar, hastanın aort kapak müdahalesinden (SAVR veya TAVİ) yarar sağlayıp sağlamayacağını belirlemek için bir değerlendirmeden geçmelidir.

1. İlk adım, hastayı multidisipliner bir kalp kapak ekibi (yapısal kapak müdahalelerinde uzman bir kardiyolog ve bir kardiyotorasik cerrah dahil) tarafından değerlendirilmek üzere sevk etmektir.
2. Kalp kapak ekibi daha sonra hastanın SAVR veya TAVİ ile beklenen yaşam beklentisini ve hastanın yaşam kalitesinin SAVR veya TAVİ ile iyileşip iyileşmeyeceğini değerlendirir. Hasta AD dışında potansiyel olarak yaşamı sınırlayıcı bir hastalık (örn. kanser) biliyorsa [1,2], bu durumun bakımıyla ilgilenen klinisyenler ile konsültasyon önemlidir.

2a- SAVR ile beklenen yaşam süresi >1 yıl ise ve hastanın yaşam kalitesinin SAVR veya TAVİ ile düzelme olasılığı varsa, bir sonraki adım Kalp Kapak Ekibi tarafından SAVR ile mortalite ve morbidite riskinin değerlendirilmesidir (Torasik Cerrahlar

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