



BÖLÜM 40

Aort Kapak Cerrahisinde Komplikasyonlar

Ahmet ELİBOL¹

GİRİŞ

Kalp hastalığının daha iyi teşhis olanakları ve nüfusun yaşlanması ile aort kapak hastalığının cerrahi tedavisi için başvuran hasta sayısında önemli bir artış görülmektedir. Aort kapak hastalığının çeşitli nedenleri arasında konjenital malformasyon, kalsifik dejenerasyon, romatizmal hastalık ve bağ dokusu bozuklukları yer alır¹. Dejeneratif kapak hastalığı, Batı dünyasında kalp kapak patolojisinin en yaygın nedeni iken, romatizmal kalp hastalığı ise gelişmekte olan ülkelerde daha yaygın nedeni oluşturmaktadır². Yaygın bir kalp problemi olan aort kapak hastalıkları, açık kalp ameliyatları içinde ikinci sıklıkla ve giderek artan oranda aort kapak replasmanı (Aortic Valve Replacement, AVR) uygulanmasına neden olmaktadır^{3,4}.

Protez kalp kapağı tasarımı, hemodinamisi ve trombojenisitedeki gelişmeler ile implantasyon teknikleri ve postoperatif bakımdaki ilerlemelere rağmen, AVR sonrası komplikasyonlar morbidite ve mortalitenin önde gelen nedeni olmaya devam etmektedir^{5,6}. Bunlar; aşınma, yıpranma, yaprakçık bozulması veya kalsifik dejenerasyon gibi proteze özgü yapısal kapak işlev bozukluğunu

veya paravalvüler regürjitasyon (PVR) veya hatalı konumlandırma gibi proteze özgü olmayan problemlerden kaynaklanan kapak işlev bozukluğunu içerebilir. PVR veya hatalı konumlandırma, hasta-protez uyumsuzluğu (Patient-Prosthesis Mismatch, PPM) olarak kabul edilir⁶.

Protez kalp kapağı yerleştirme komplikasyonları süre, şiddet ve klinik görünüm açısından farklılık gösterir. Postperikardiyotomi veya postperfüzyon sendromları kendi kendini sınırlayan patolojilerken, enfektif endokardit, dirençli hemolitik anemi, sistemik arteriyel embolizasyon veya protez disfonksiyonu gibi hayatı tehdit eden durumlar acil tedavi gerektiren patolojiler arasında yer alır⁷. Protez kapak endokarditi ve obstrüksiyonu ise kitapta ayrıca ele alınmıştır.

İLETİ SİSTEMİ DEFİKTLERİ

Atriyoventriküler (AV) iletim bozuklukları, kalp cerrahisini takiben yaygın olarak görülür. Geçici AV iletim bozuklukları, özellikle aort kapak replasmanını takiben sık görülen bir komplikasyondur^{8,9}. Öte yandan kalıcı tam AV blok, aort kapak replasmanı sonrası nadir, fakat ciddi bir

¹ Uzm. Dr. Ahmet ELİBOL, S.B. S.B.Ü. Kartal Koşuyolu Yüksek İhtisas Eğitim ve Araştırma Hastanesi, Kalp ve Damar Cerrahisi Bölümü elibol.md@gmail.com



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