



BÖLÜM 79

Triküspit Kapak Replasmanı Cerrahisi

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GİRİŞ

Tarihsel süreçte triküspit kapak, aort ve mitral kapak hastalıkları ile karşılaştırıldığında daha az önemli olduğu düşünülen “unutulmuş bir kapak” olmuştur.¹ Bu nedenle, triküspit kapak hastalığı olan hastalar, hastalığın ileri ve geç aşamasında cerrahi olarak değerlendirilmiştir. Ancak son zamanlarda triküspit kapağa minimal invazif stratejiler ve perkütan transkateter girişimler ile daha fazla dikkat edilmeye başlandığından artık “unutulmuş bir kapak” değildir. Triküspit kapak hastalığına ilişkin klinik veriler, sol taraf valvüler kalp hastalıklarına kıyasla sınırlıdır.

Yakın tarihli bir çalışma, klinik olarak anlamlı (ortadan fazla) triküspit yetersizliğinin popülasyonda yaygın olduğunu ve yaşla birlikte arttığını bildirmiştir.² Ayrıca izole triküspit yetersizliğinin yüksek bir ölüm oranı ile ilişkili olduğu gösterilmiştir. Amerika’da 1.6 milyondan fazla kişi en azından orta-ciddi şiddetli triküspit yetersizliğine sahiptir ancak ABD’de yılda 8000’den az triküspit kapak replasmanı (TVR) cerrahisi gerçekleştirilmektedir.³⁻⁵ Triküspit yetetersizliği önemli bir halk sağlığı sorunu olmasına rağmen, ciddi triküspit

yetersizliği olan hastaların uygun yönetimi tartışmalıdır.

TVR, teknik olarak zor olmayan ve tüm kapak replasmanlarının yaklaşık %2’sini oluşturan nispeten nadir bir cerrahi girişimdir.⁶ Buna rağmen, TVR yüksek perioperatif morbidite ve mortalite ile birlikte olup takip sonuçları beklenilenin altındadır.⁷⁻¹⁰ Bu sonuçlar genellikle, TVR sonrası bile hastalık sürecinin sıklıkla devam ettiği sağ taraf kalp yetmezliği ile başvuran bu hastaların ameliyat öncesi durumunun kötü olmasıyla ilişkilidir.

TVR genellikle triküspit kapak onarımının mümkün olmadığı veya onarım girişimlerinin başarısız olduğu patolojilerde gereklidir. Günümüzde, triküspit pozisyonunda kapak seçimi ile ilgili tartışmalar halen devam etmektedir ve güncel kılavuzlar, TVR için optimal protez kapak seçiminde net bir kanıt olmadığını göstermektedir.^{11,12} Çoğu durumda, hastalar sol taraf kapak hastalığına yönelik bir operasyonun parçası olarak triküspit kapak cerrahisine giderler ve özellikle kapak replasmanı gerektiğinde, doğrudan triküspit kapağa bağlı semptomlara dayanarak ameliyat kararı vermek zordur.¹⁰ Şimdiye kadar çoğu çalışma, izole TVR olan hastaları, aynı seansta sol kapak

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Ancak mekanik protez ile TVR hala yerini ve endikasyonlarını koruyor. Uzun dönem sonuçları tatmin edicidir, dayanıklılık iyi ve reoperasyon oranı düşüktür. Varfarin antikoagülasyonu gereken, sağ ventrikül fonksiyonu iyi olan ve sağ ventrikül dilatasyonu orta dereceden daha az olan hastalarda triküspit pozisyonunda mekanik protez kapak kullanılması önerilir. Tercih, düşük profilli biliflet mekanik protez yönünde olmalıdır.

İyi bir cerrahi sonuç elde etmek için, hastaların sağ kalp yetmezliği ile ilişkili son dönem sağ ventrikül disfonksiyonu gelişmeden önce cerrahiye daha erken sevk edilmesi gerekir.

SONUÇ

TVR cerrahisi, yaygın olarak uygulanmayan ve suboptimal sonuçlarla ilişkili yüksek riskli bir girişimdir. Bu yüksek risk genellikle primer kalp hastalığı ve sıklıkla cerrahi gecikmeye bağlı olan çok kritik preoperatif klinik durumla ilişkili olabilir. Operatif mortalite, son 20 yılda beklenenden daha fazla iyileşmemiştir. Bununla birlikte, yüksek bir cerrahi mortalite oranının cerrahide gecikmeye neden olup olmadığını veya cerrahideki gecikmenin yüksek cerrahi mortalite oranına neden olup olmadığını belirlemek zordur.

Kardiyolog ve kalp cerrahisi arasındaki daha yakın koordinasyon, öncelikle daha erken bir cerrahi tedavinin değerlendirilmesine dayalı olarak TVR sonucunu iyileştirebilir.

İmplant edilen protez tipine göre mortalite, morbidite ve reoperasyon oranında gerçek bir fark yoktur. Protez seçimi, kısa ve uzun dönem sonuçları etkilemediği gibi bu pozisyonunda bir tipin diğerine üstünlüğü yoktur. Triküspit kapak protezi seçimi hastaya özgü özelliklere göre yapılmalıdır. Bununla birlikte biyoprotez kullanımı, antikoagulan tedavisinin zorunlu olmaması ve öngörülebilir yapısal kapak dejenerasyon durumunda yeni ümit verici “kapak içinde kapak (valve-in-valve)” tekniği ile transkateter kapak replasmanı gerçekleştirme olasılığı nedeniyle tercih sebebi olabilir.

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