



BÖLÜM 100

Protez Kapak Disfonksiyonu ve Cerrahi Tedavisi

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GİRİŞ

Kapak trombozu, başta mekanik kalp kapakları olmak üzere, giderek kullanımı artan transkater ve biyoprostetik kapaklarda ortaya çıkabilecek ciddi bir sorundur. Mekanik kapakların tromboz riski, mitral pozisyonda aort pozisyonuna ve eski nesil kapaklarda (ball and cage, tilting disc) yeni nesillere göre daha yüksektir. Bu hasta grubu asemptomatik olabileceği gibi, embolik komplikasyonlardan, kardiyojenik şoka kadar geniş bir klinik yelpazede karşımıza çıkabilir.

İNSİDANS VE ETİYOLOJİ

Mekanik kalp kapaklarının trombozunun genel insidans oranı yılda 1000 hastada 4 tür. Mitral kapak trombozunun görülme sıklığı ise aort kapak trombozunun yaklaşık beş katıdır¹. Prostetik triküspit kapak hakkında ise elimizde sınırlı sayıda veri mevcut olmasına rağmen, yıllık tromboz insidansı 1000 hastada yaklaşık 20 dir^{2,3}. Biyoprotez kapak trombozlarına baktığımız zaman ise bu konudaki çalışmaların sayısı az olmasına rağmen, aortik pozisyonda kullanılan biyoprotez kapaklar-

da tromboz insidansının yılda 10.000 hastada 3 olduğunu görmekteyiz⁴.

Protez kapakların yapısı trombojeniktir ve faktör 12 ve trombositler üzerinden koagülasyon kaskadını aktive eder. Kapak implantasyonun ilk 24 saatinde, dakron halkada trombosit birikimi gösterilmiştir^{5,6}. Kanın, düşük velosite ve yüksek gerilim ile karakterize, fizyolojik olmayan bir akıma maruz kalması, trombosit aktivasyonuna sebep olur ve tromboza yatkınlığı artırır⁷. Kafesli ve toplu olan eski nesil kapaklarda tromboza yatkınlık daha fazladır^{7,8}. Gebelik, lupus antikoagülan veya antikardiyolipin pozitif olan hasta grubunda ise koagülasyona yatkınlık arttığı için, bu hasta grubu trombüse karşı daha duyarlı olmaktadır. Buna ek olarak, antikoagülasyona uyumda eksiklik ve sonrasında subterapotik antikoagülasyon da tromboz riskini artırmaktadır.

Biyolojik kapakların, mekanik kalp kapaklarına göre daha az trombojenik olduğu ve özellikle stentsiz biyolojik kapaklarda, geliştirilmiş hemodinami nedeniyle, daha az tromboemboli olduğu düşünülmektedir^{7,8}. Protez malzemenin endoteliyasyonu ile geçen ilk 3 aylık dönem, tromboembo-

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