



kronik total oklüzyon girişimleri komplikasyonlar

*Dr. Özer Badak
İstanbul, 2012*



kronik total oklüzyon olgu 1

A.T.

47 y E.

Stabil angina +.

RF:DM, HT, HL, Sigara

FM:Olağan

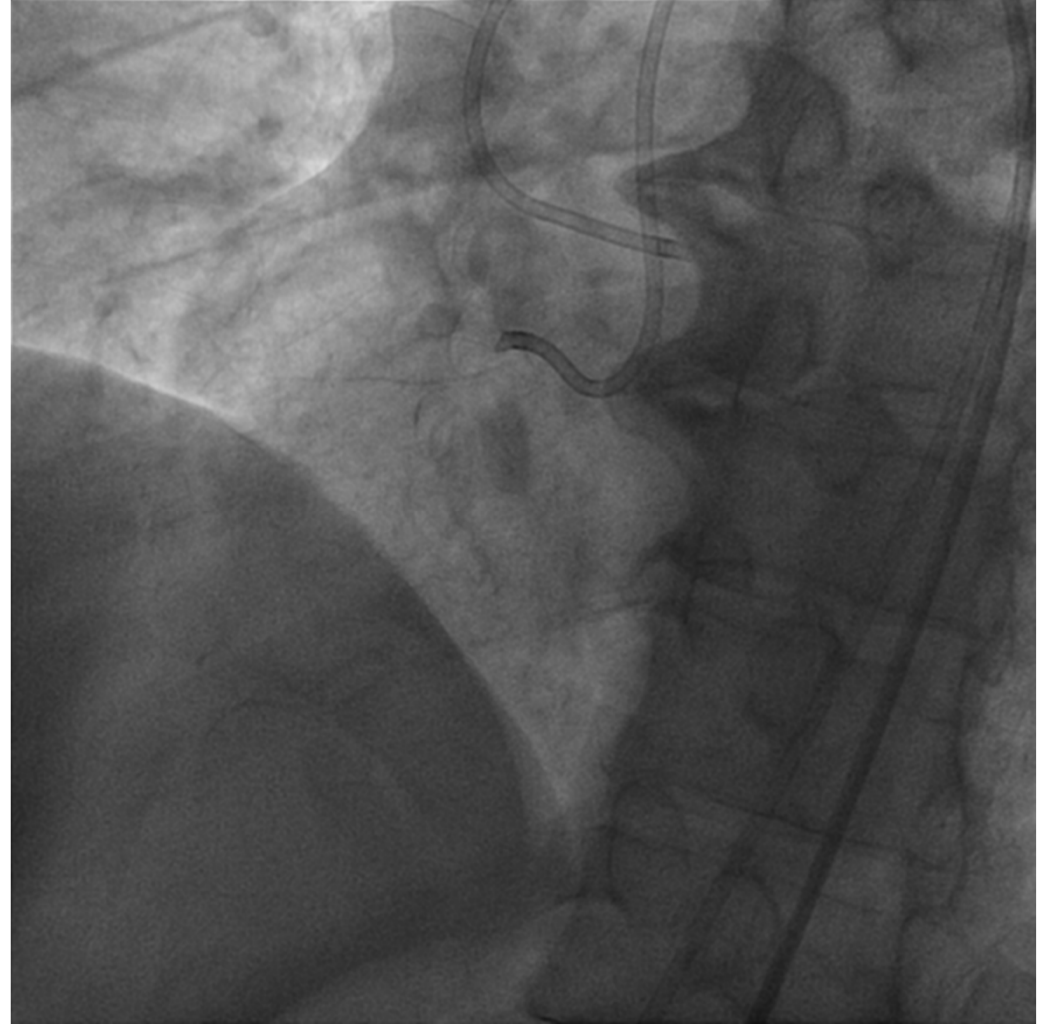
EKG: SR. Q dalgası yok, III, avF T inv. **Kan Biyokimyası:** Öz yok

Egz. Stres Testi: +

KAG: Sol sistemde anlamlı darlık yok, RCA mid den total okl.,Soldan canlı retr +, ventrikülografi: N

Dış Merkezde RCA ya PKG deneniyor ancak işlem başarısız.

kronik total oklüzyon
olgu 1





kronik total oklüzyon olgu 1

Plan:

Retrograd yaklaşımla RCA ya yeniden girişim.

Kılavuz Kateterler

RCA :7F AL1 SH guiding

Sol: 7F XBU SH

İlaç

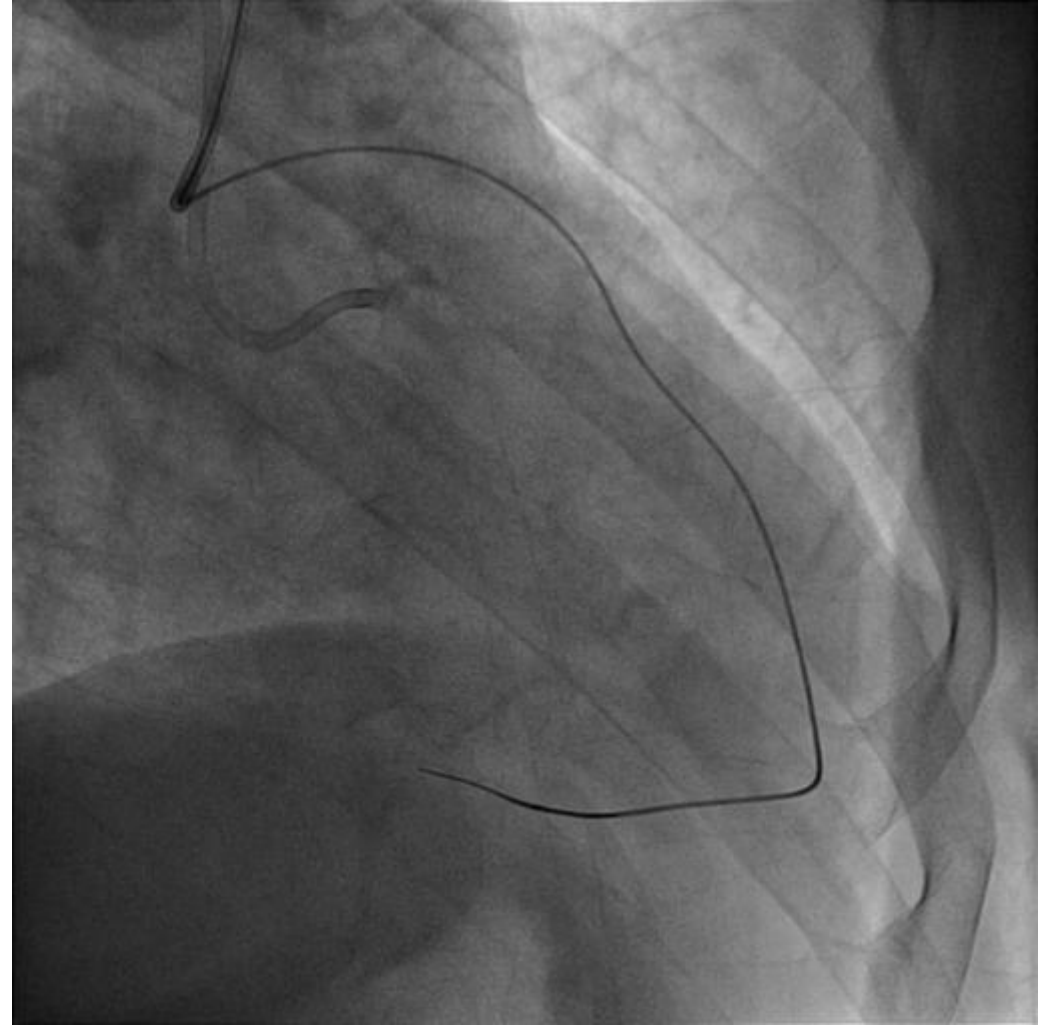
UFH

ASA

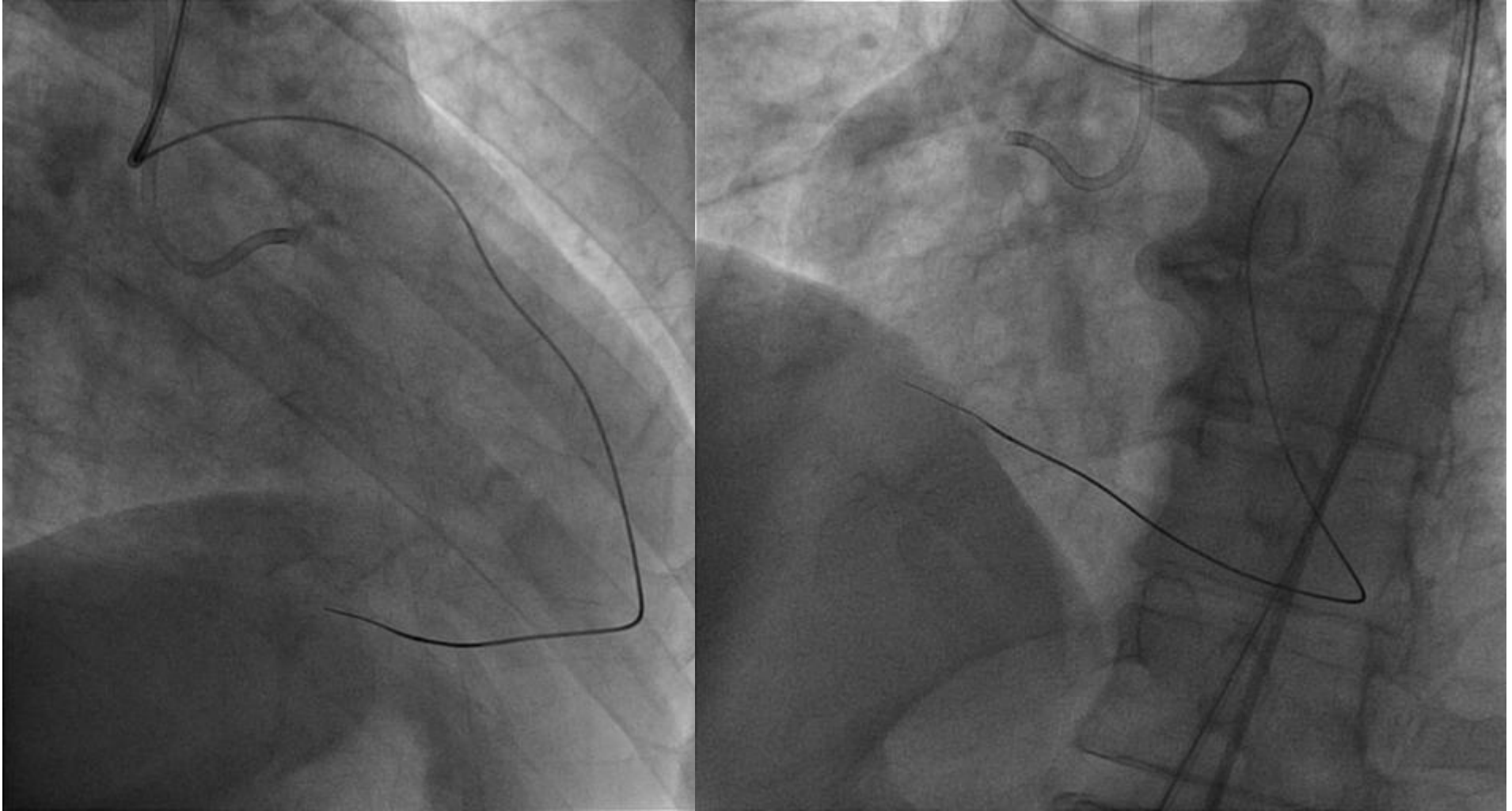
Materyal

Retr Corsair

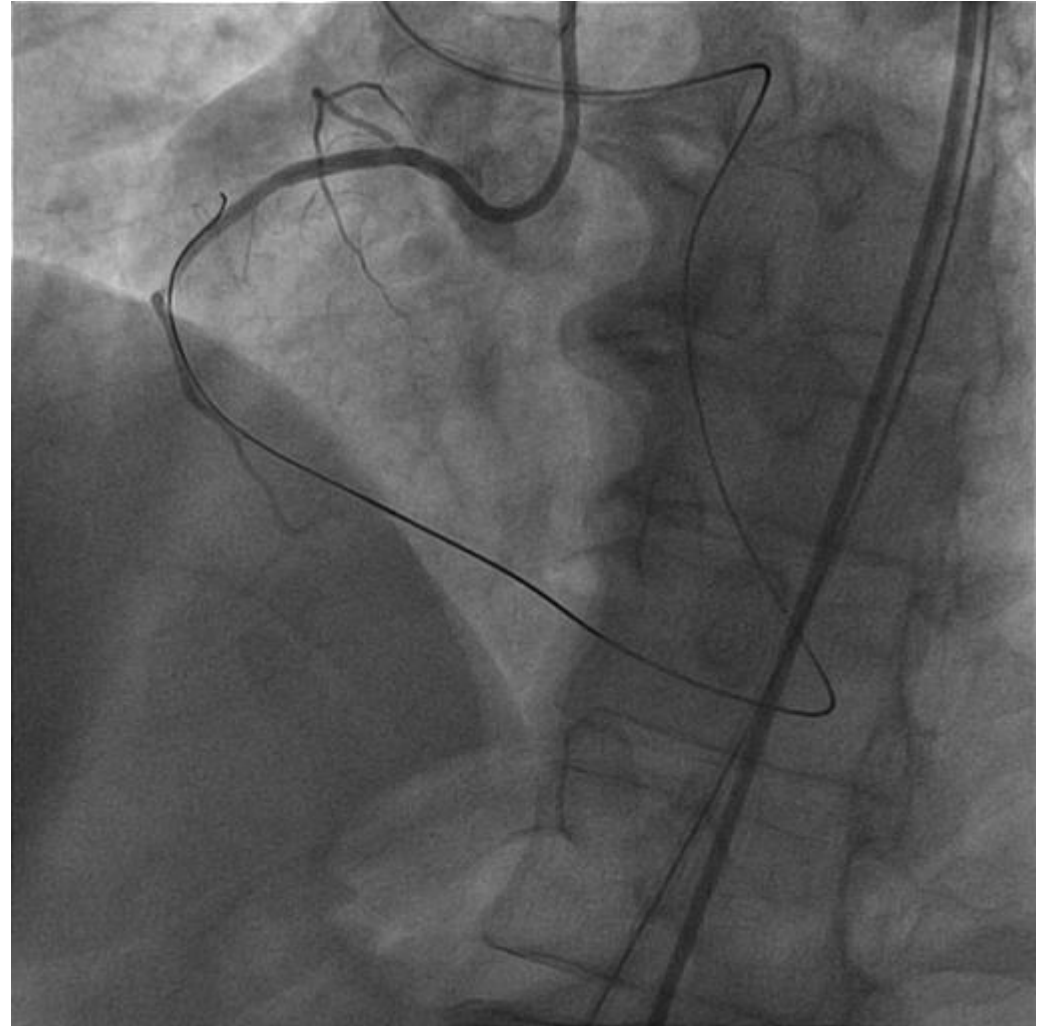
Fielder XT



kronik total oklüzyon olgu 1



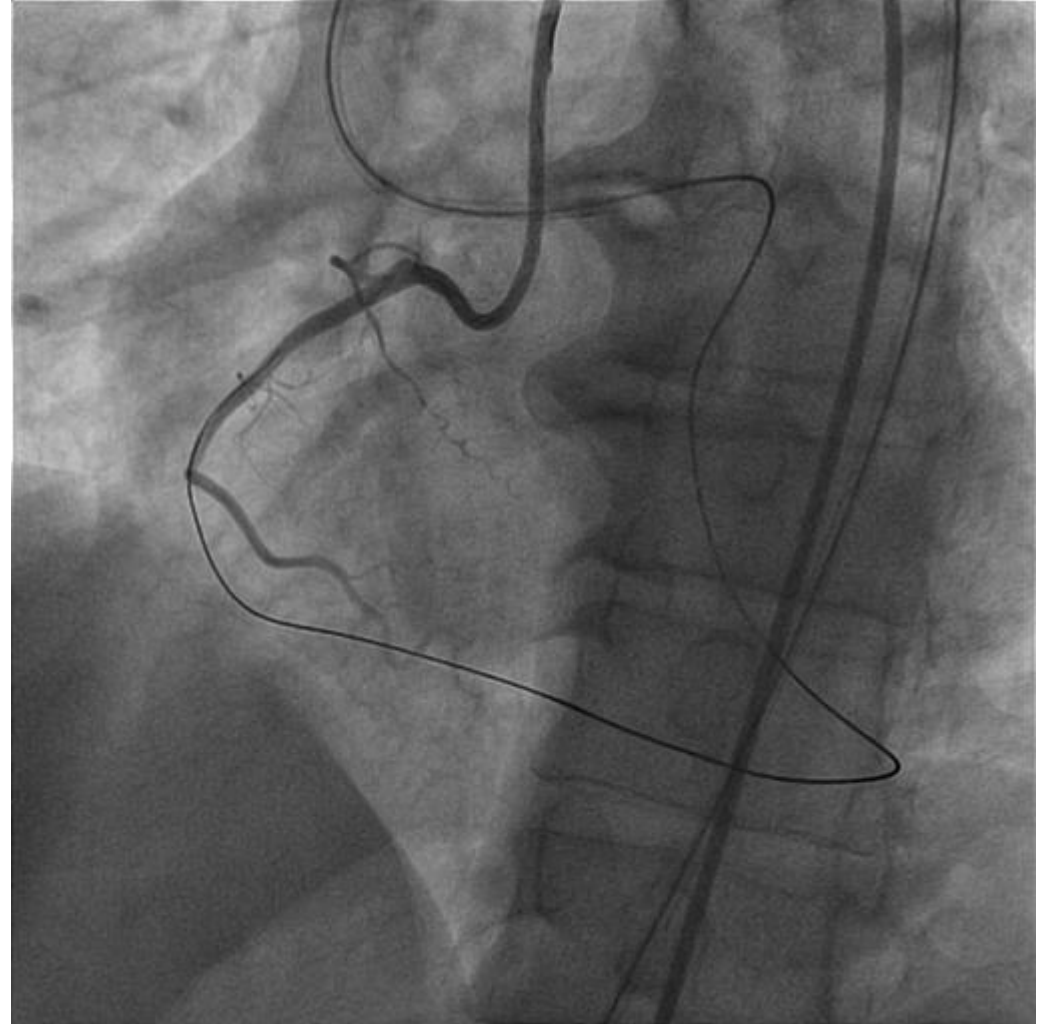
Materyal
Retr Corsair
Miracle 6



Materyal

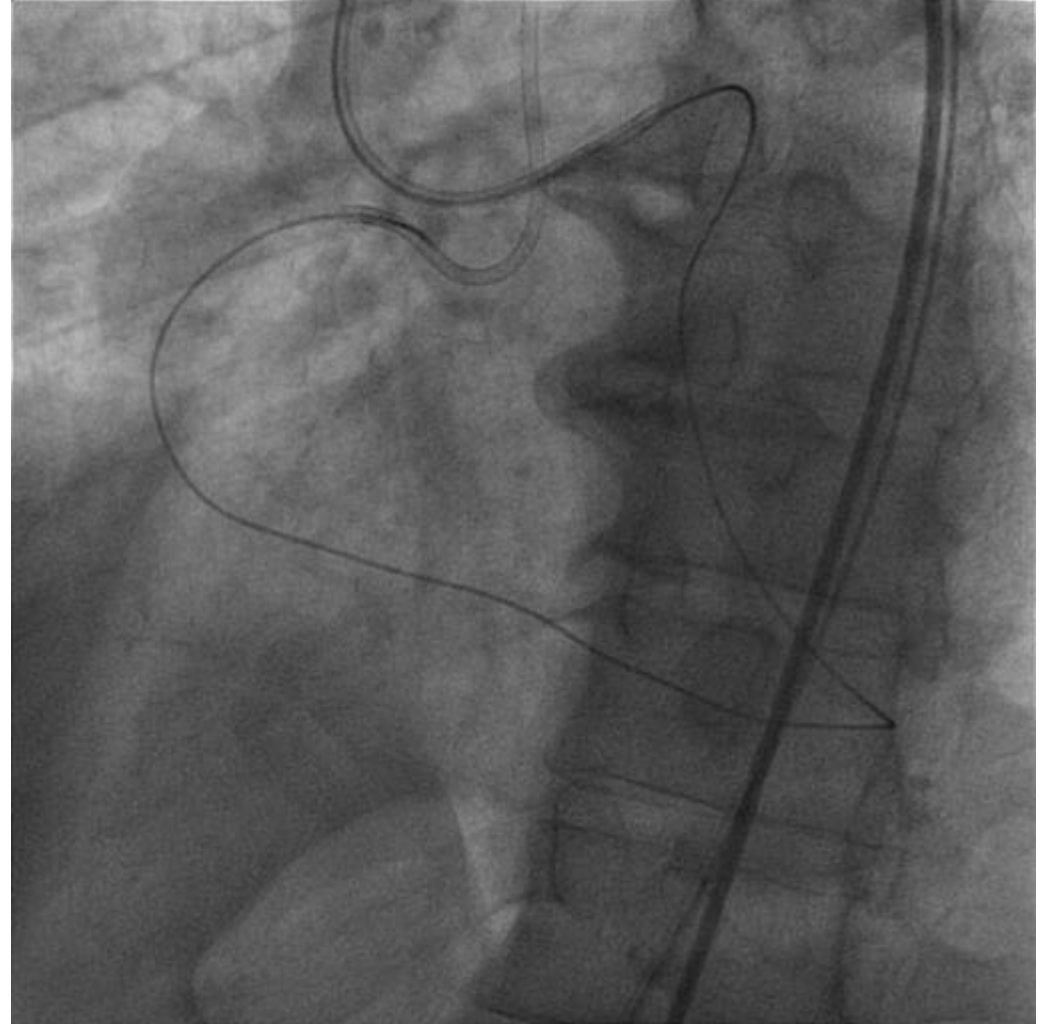
Retr Corsair

Confianza Pro 9



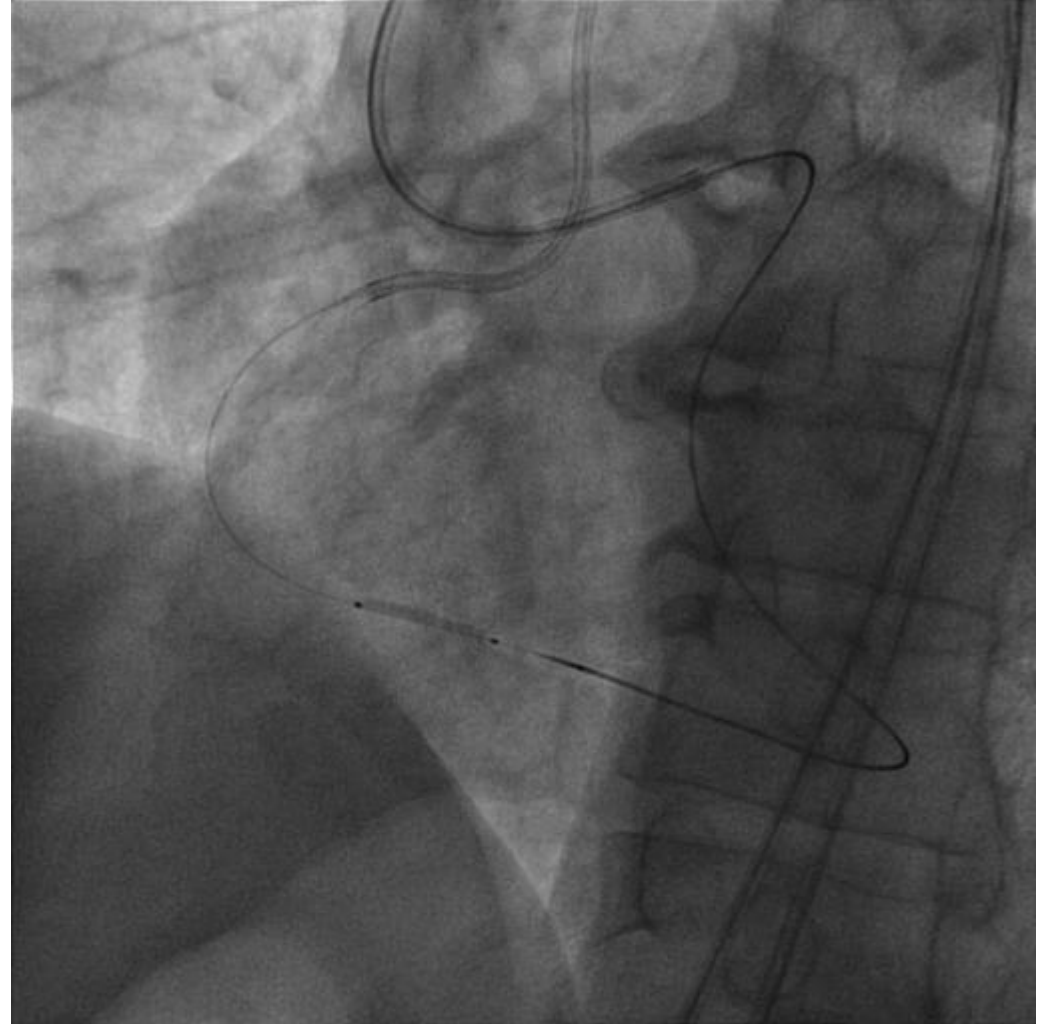
Materyal

Retr. Corsair, antegrad
kateterde



Materyal

Retr. Corsair,
RG3 tel,
antegrad balonlama



Kılavuz Kateterler

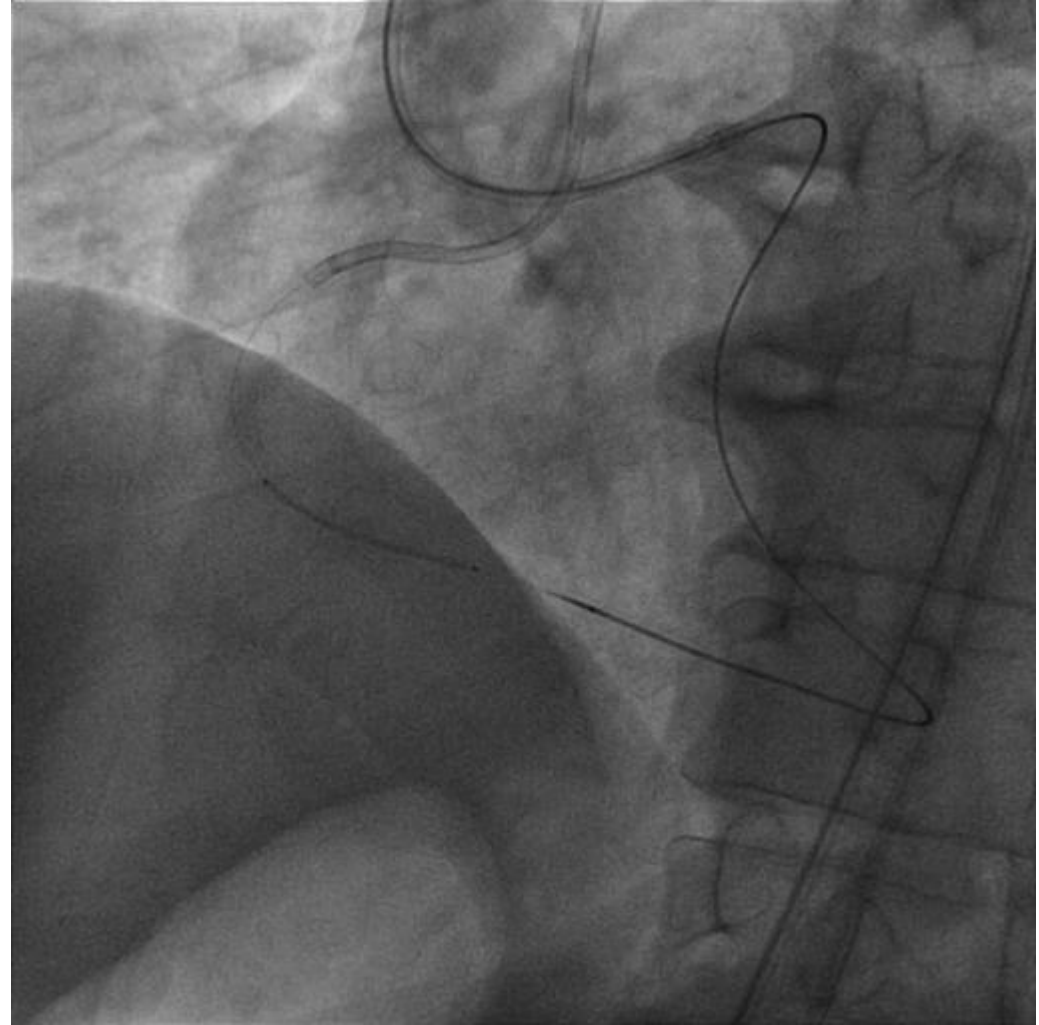
Retr. Corsair,

RG3 tel,

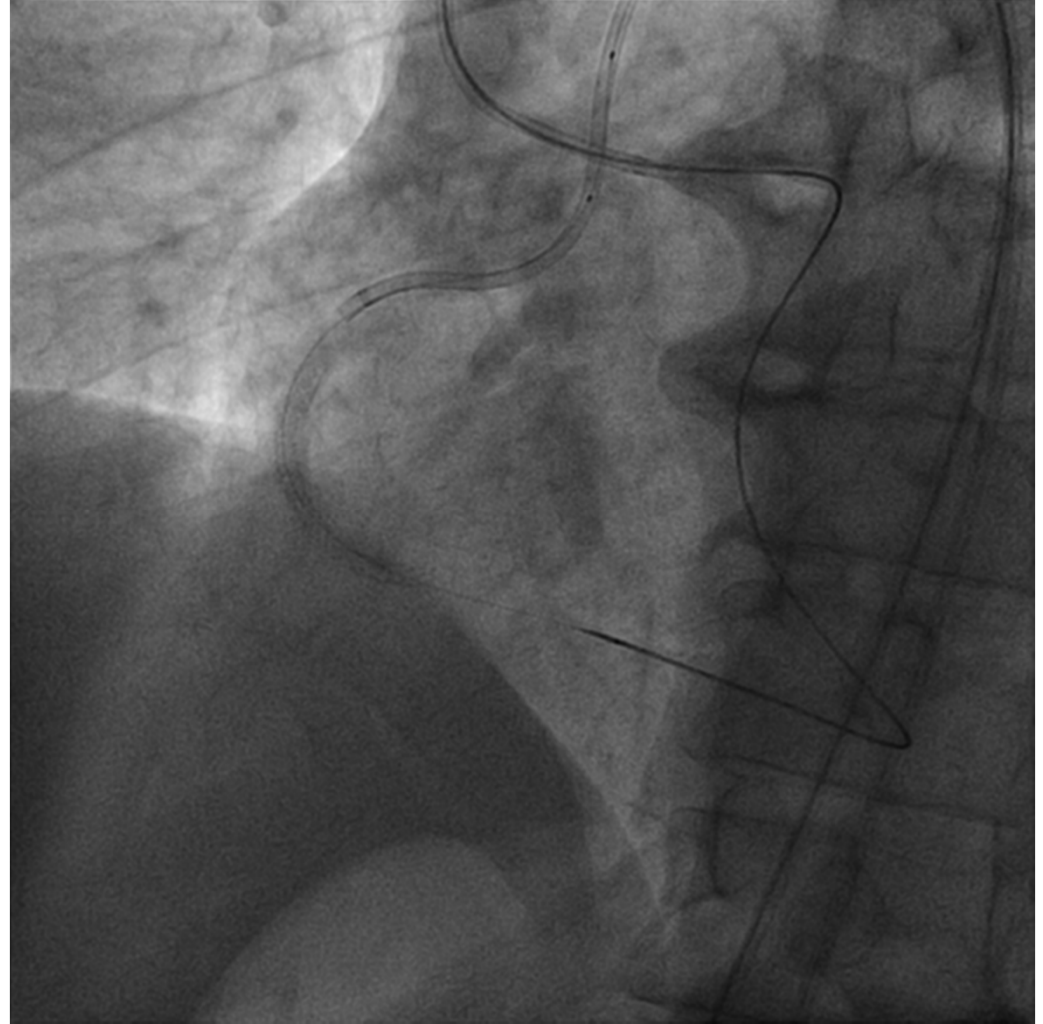
antegrad sentleme

(Distele: 2.5x28,

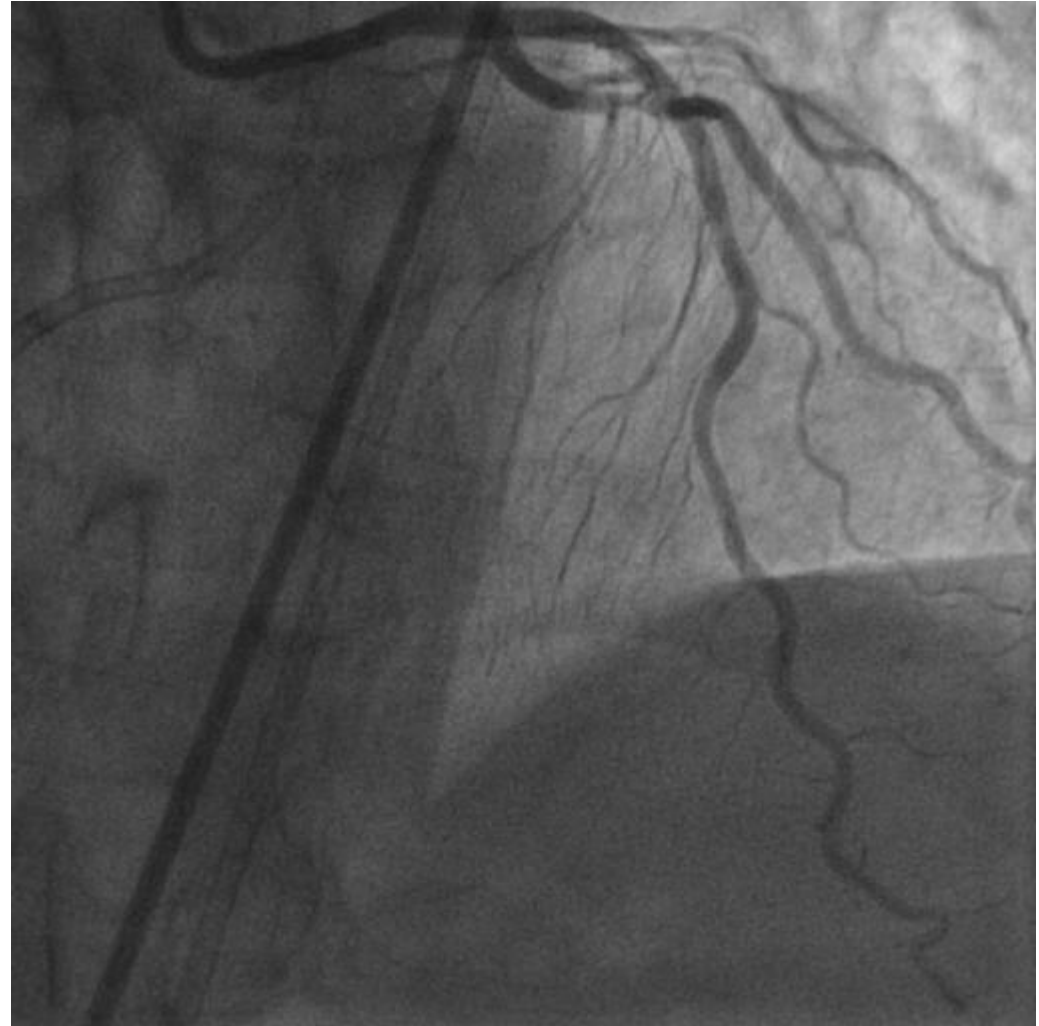
prox e: 2.75 x 18 DES,
yüksek atm)



Stentleme sonrası



**İşlem sonu, sol
sistem kontrolü**





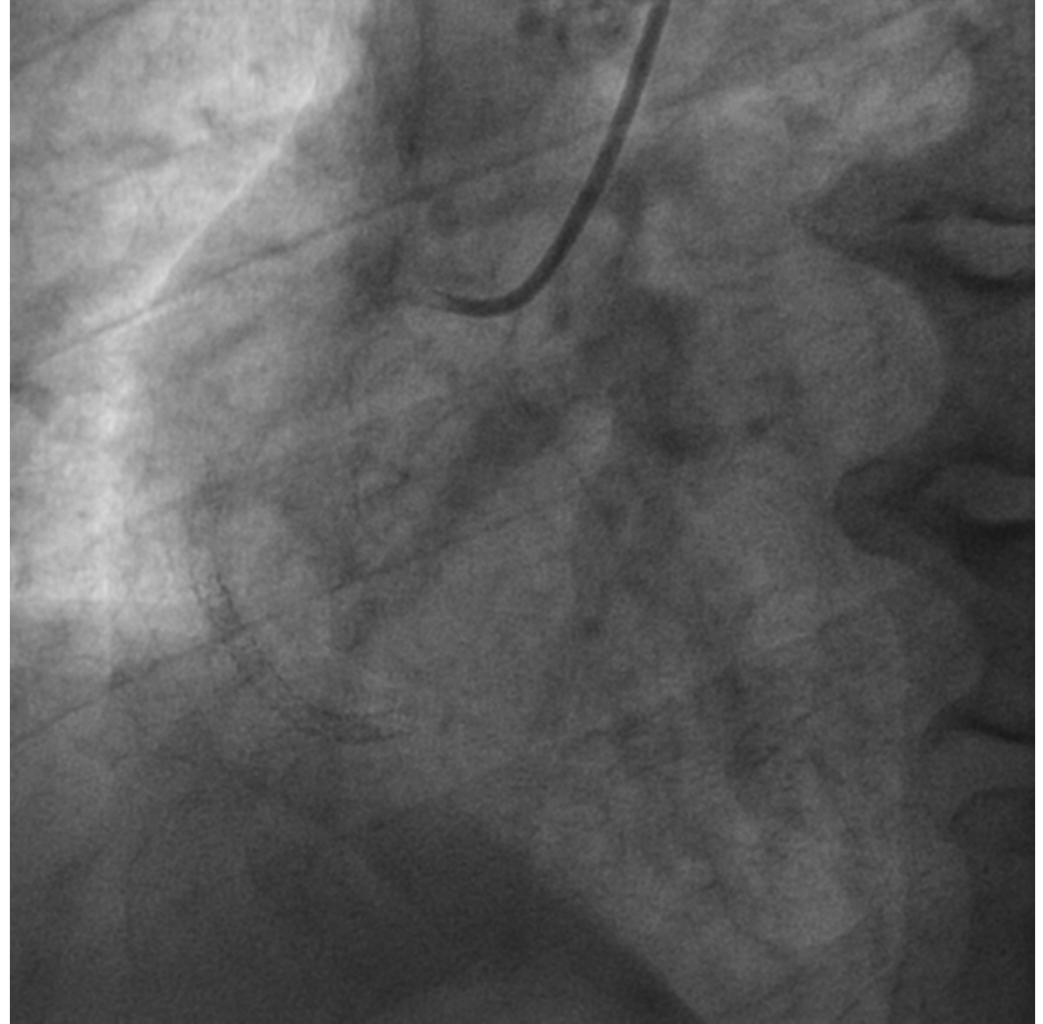
kronik total oklüzyon
olgu 1

İşlem sonlandırılmak üzereyken ciddi sıkıntı hissi ve hipotansiyon.

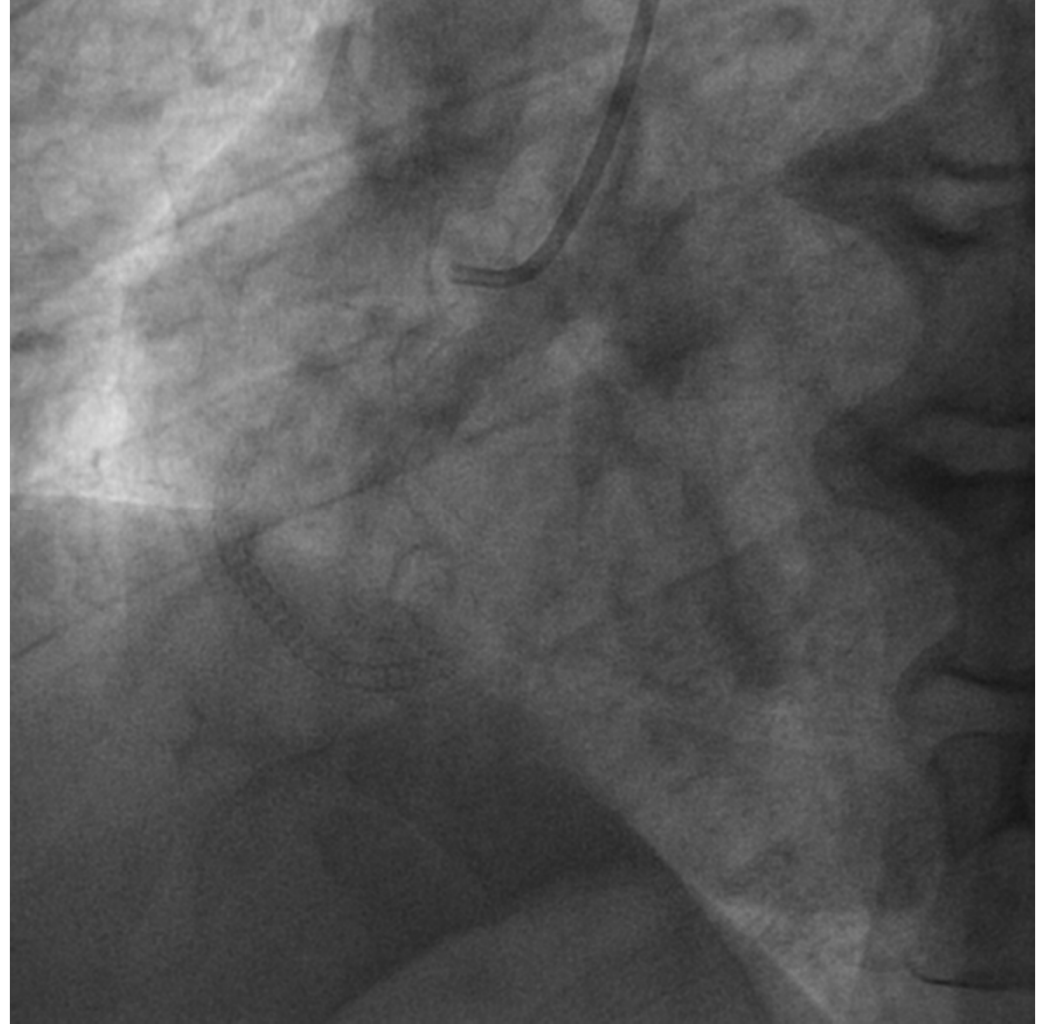
Sağ Judkins
6 F guiding



Sağ Judkins
6 F guiding



Sağ Judkins
6 F guiding

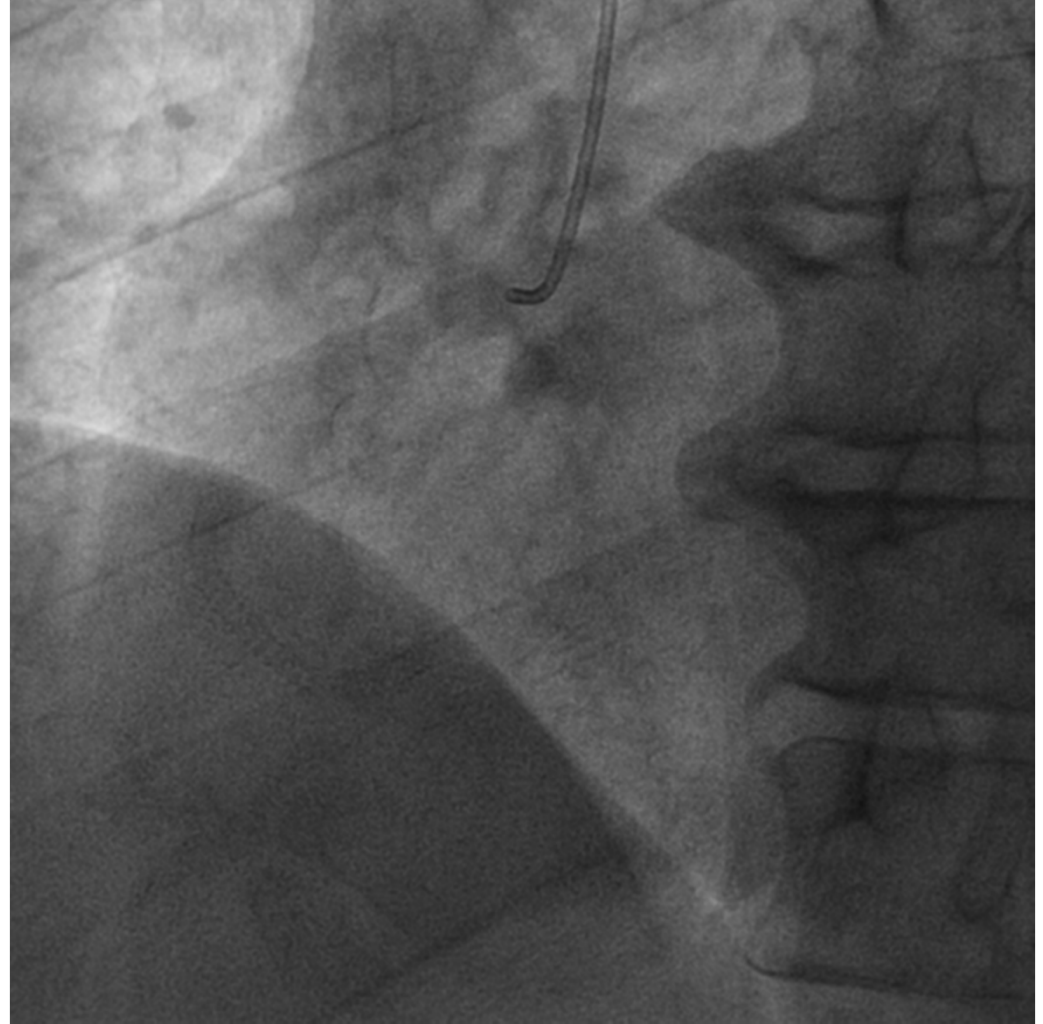




*kronik total oklüzyon
olgu 1*

4 günlük sorunsuz izlem sonrası kontrol anjiyografi

Kontrol KAG





kronik total oklüzyon
olgu 2



kronik total oklüzyon olgu 2

V.T.

57 y E.

Stabil angina +.

LAD ve RCA ya stentleme öyküsü

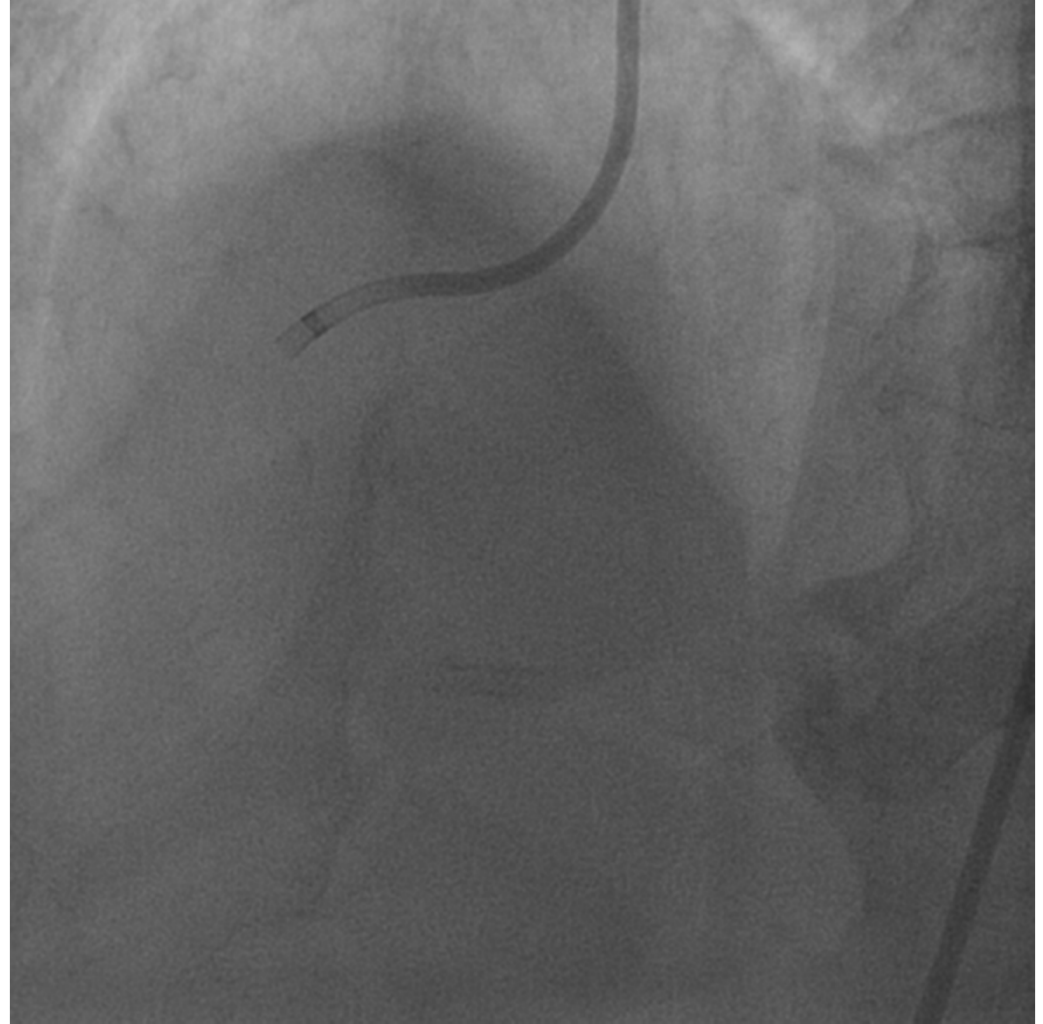
RF: HT, HL, Sigara

FM: Olağan

EKG: SR. Q dalgası yok, III, avF T inv.

KAG: LAD mid stentli (açık), RCA PL stenti total okl., soldan retr +,
ventrikülografi: N

kronik total oklüzyon olgu 2





kronik total oklüzyon olgu 2

Plan:

Antegrad yaklaşımla RCA ya girişim.

Kılavuz Kateterler

RCA :7F AL1 guiding

Sol: Kontrilateral inj.

İlaç

UFH

ASA+klop.

Materyal

OTW balon

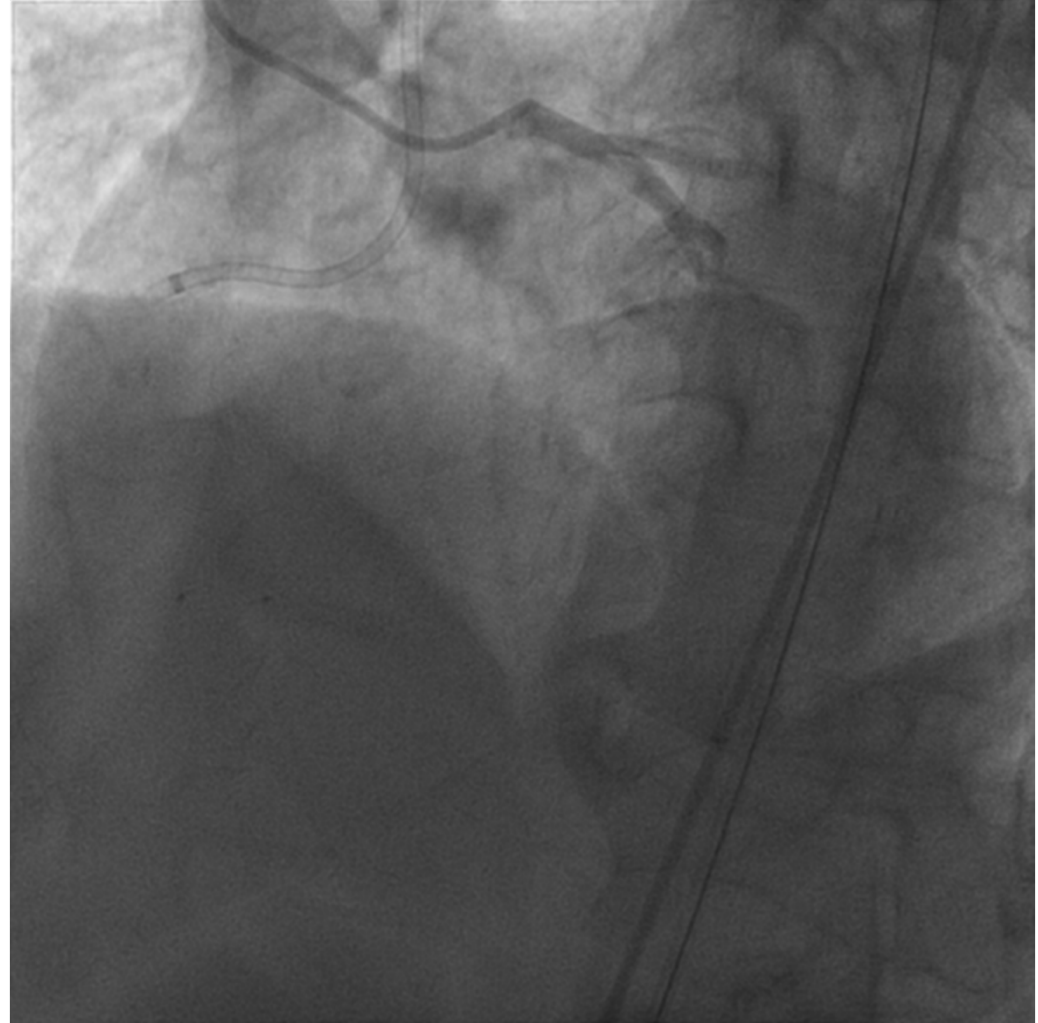
Fielder XT



Materyal

OTW balon

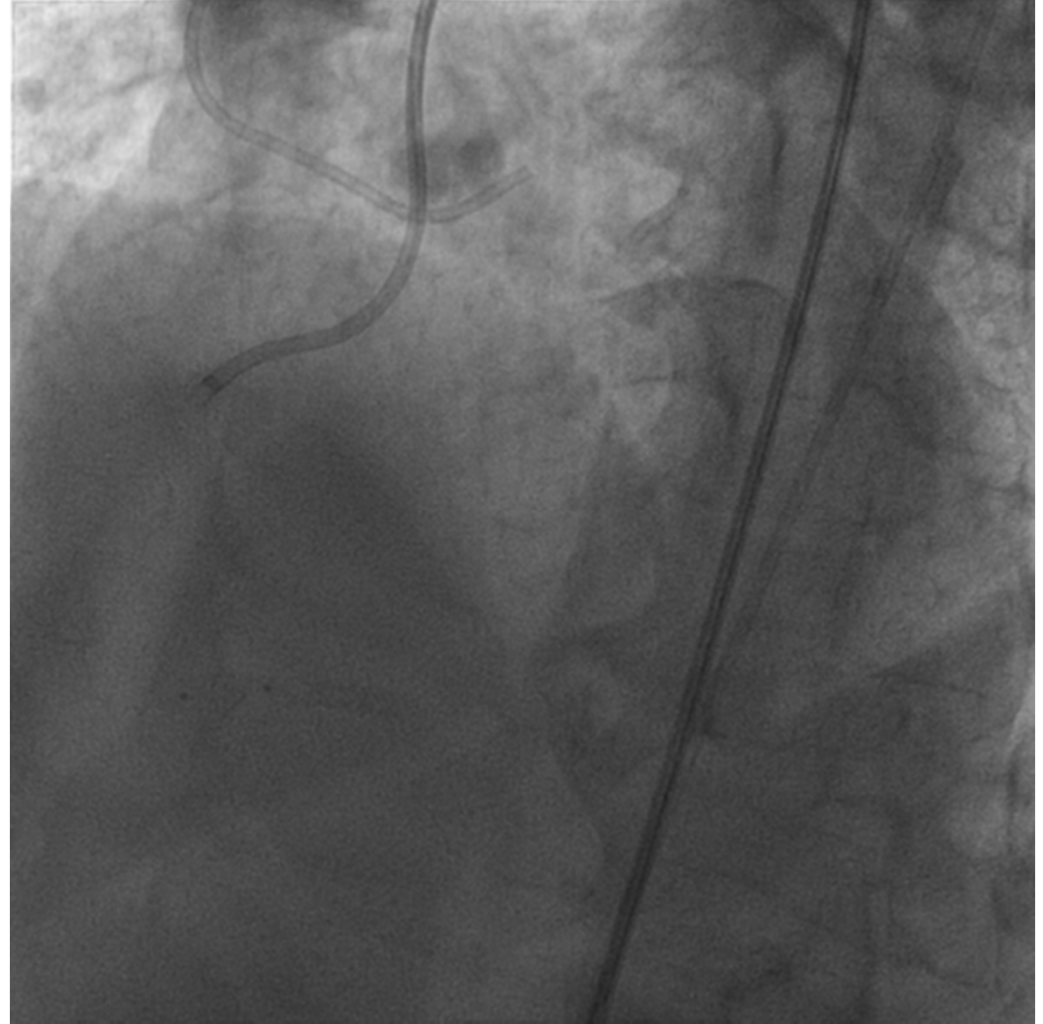
Fielder XT – başarısız



Materyal

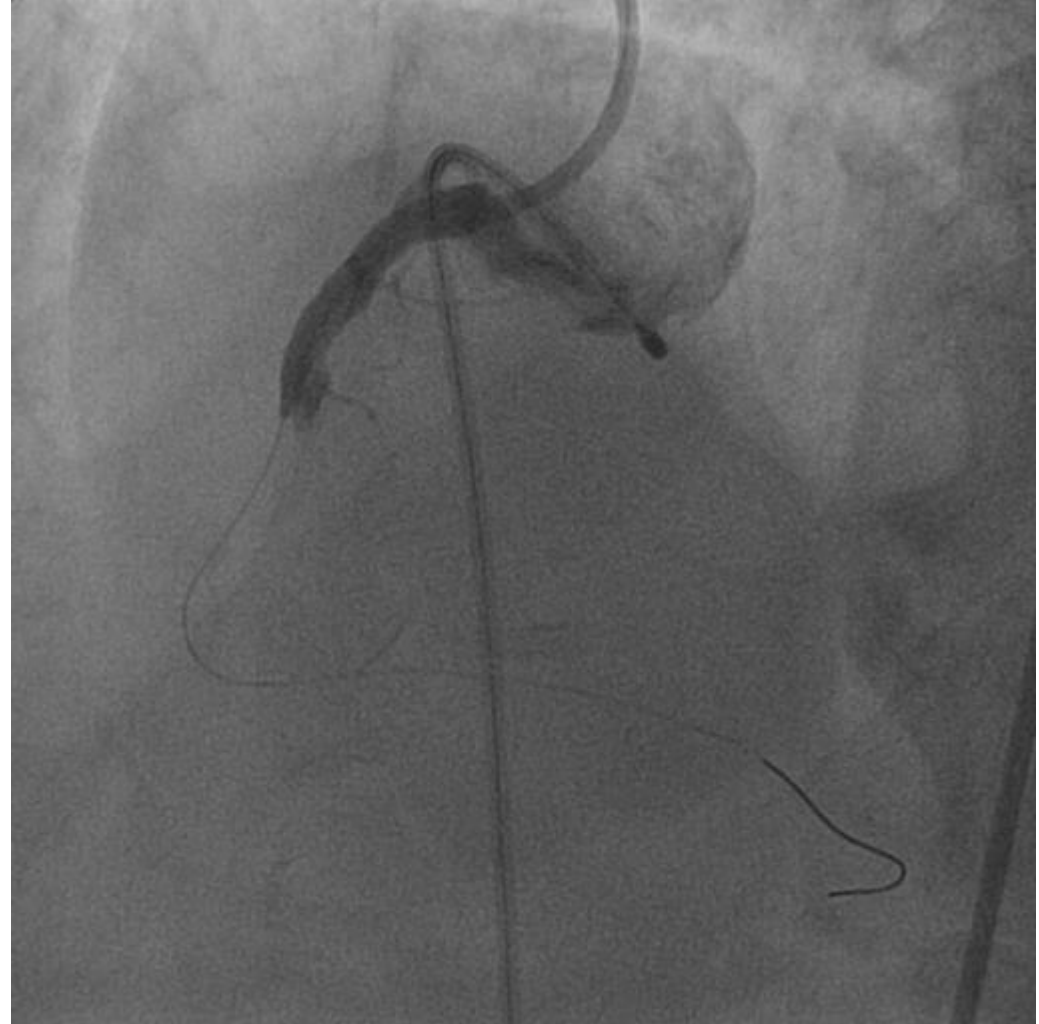
OTW balon

Reinjeksiyon

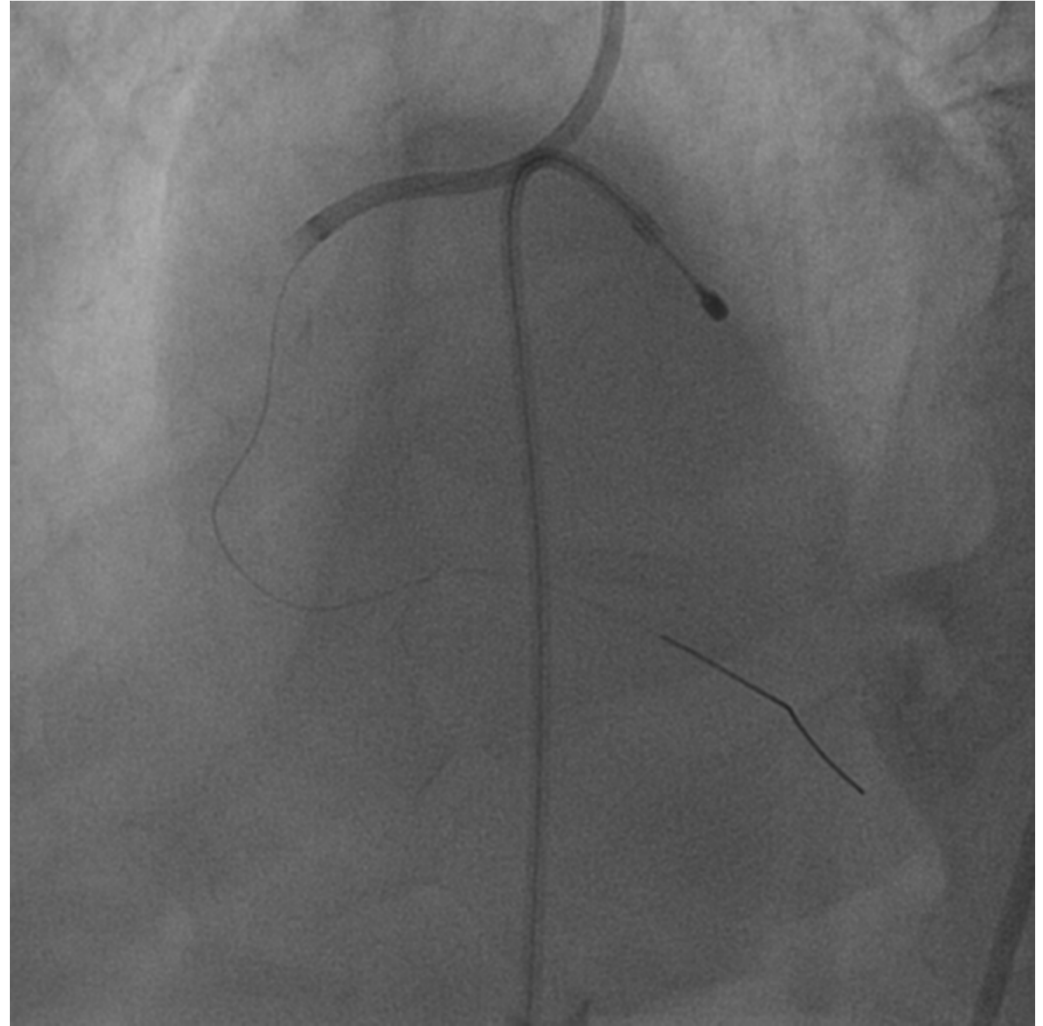


Materyal

Floppy tel PDA da
Aspirasyon kateteri



*kronik total oklüzyon
olgu 2*

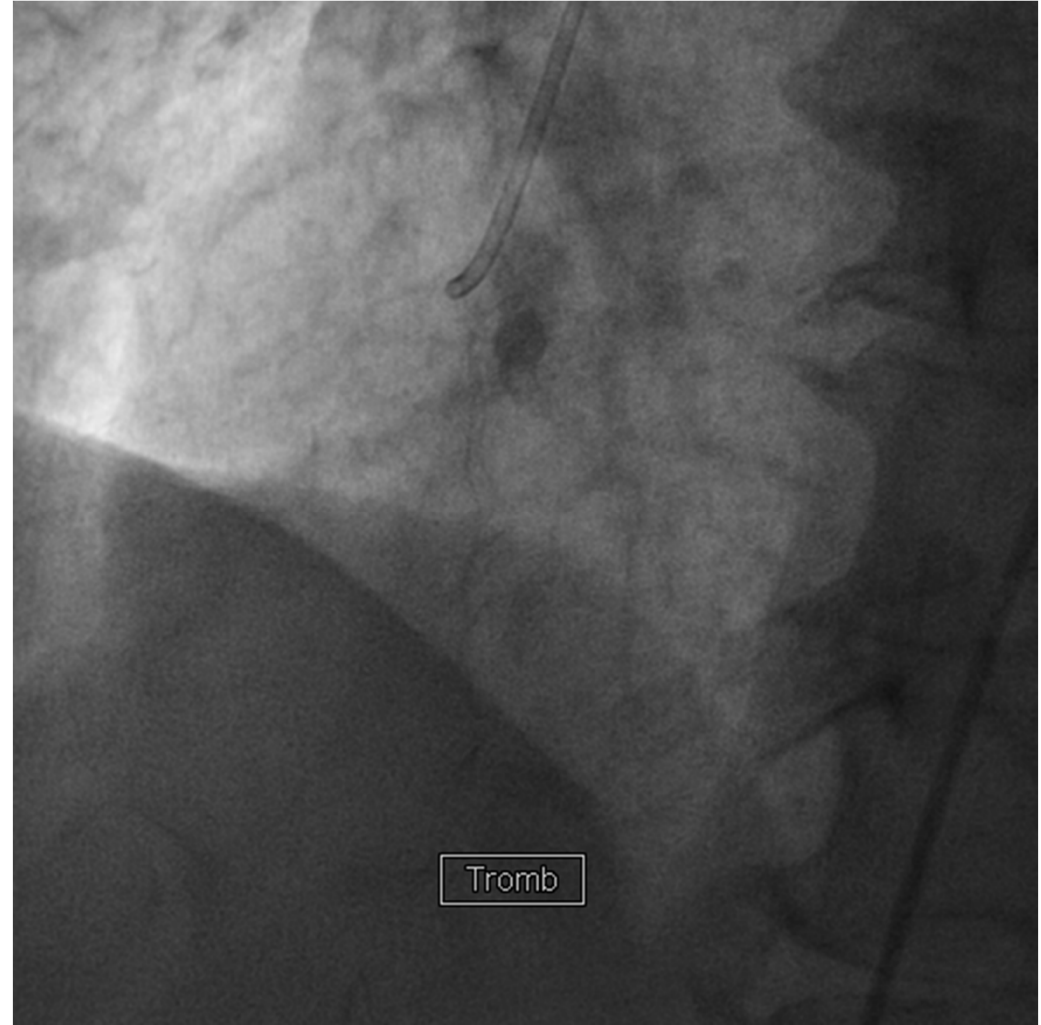




kronik total oklüzyon
olgu 2

5 günlük izlem

Kontrol KAG





kronik total oklüzyon kateter trombüsü

- **Sıklık: ?**
- **Yol açan faktörler:**
 - Materyal özellikleri
 - Kontrast ajanlar
 - Hiperkoagulan durum
 - Kateter içi akımı etkileyen faktörler
 - İşlem süresi
 - Antikoagülan / antiagregan tedavi
- **Önlem**
 - Heparinizasyon ACT>300sn, sık kontrol
 - Flaş
- **Tedavi**
 - Kuşku anında injeksiyon yapma
 - Tüm sistem dışarı
 - Trombüs aspirasyonu
 - Antiagregan / antikoagülan



kronik total oklüzyon

- **Teşekkürler...**