

CABG'Lİ BİR HASTADA CX ARTER CTO LEZYONUNA PCI

Kartal Koşuyolu Eğitim ve Araştırma Hastanesi

Dr. Serdar Demir

ŐİKAYET

- 68 yařındaki erkek hasta acil servise birkaç günden beri olan intermittan istirahat göđüs ađrısıyla bařvurdu.
- Hasta akut koroner sendrom tanısıyla interne edildi

HİKAYE

- 2007' de 3'lü CABG
Aort- LAD, Aort- RCA, diagonal-LİMA
- 2008'de koroner anjiyografi
Ao- RCA safen ven grefti oklüde

RİSK FAKTÖRLERİ

- Hipertansiyon
- Hiperlipidemi
- Sigara
(40 yıl 1 paket/gün)
- Aile hikayesi

KULLANDIĐI İLAÇLAR

- Asetilsalisilik asit
- Beta bloker
- Ace inhibitorü
- Statin

FİZİK MUAYENE

- Apekte hafif sistolik üfürüm
- Kan basıncı: 130/ 75 mmHg
- Nabız: 68/dakika
- Diğer sistem muayeneleri normal.

LABORATUVAR TESTLERİ

- EKG'de inferolateral T negatifliği (yeni EKG bulgusu yok)
- Troponin; 1,13 ng/ml

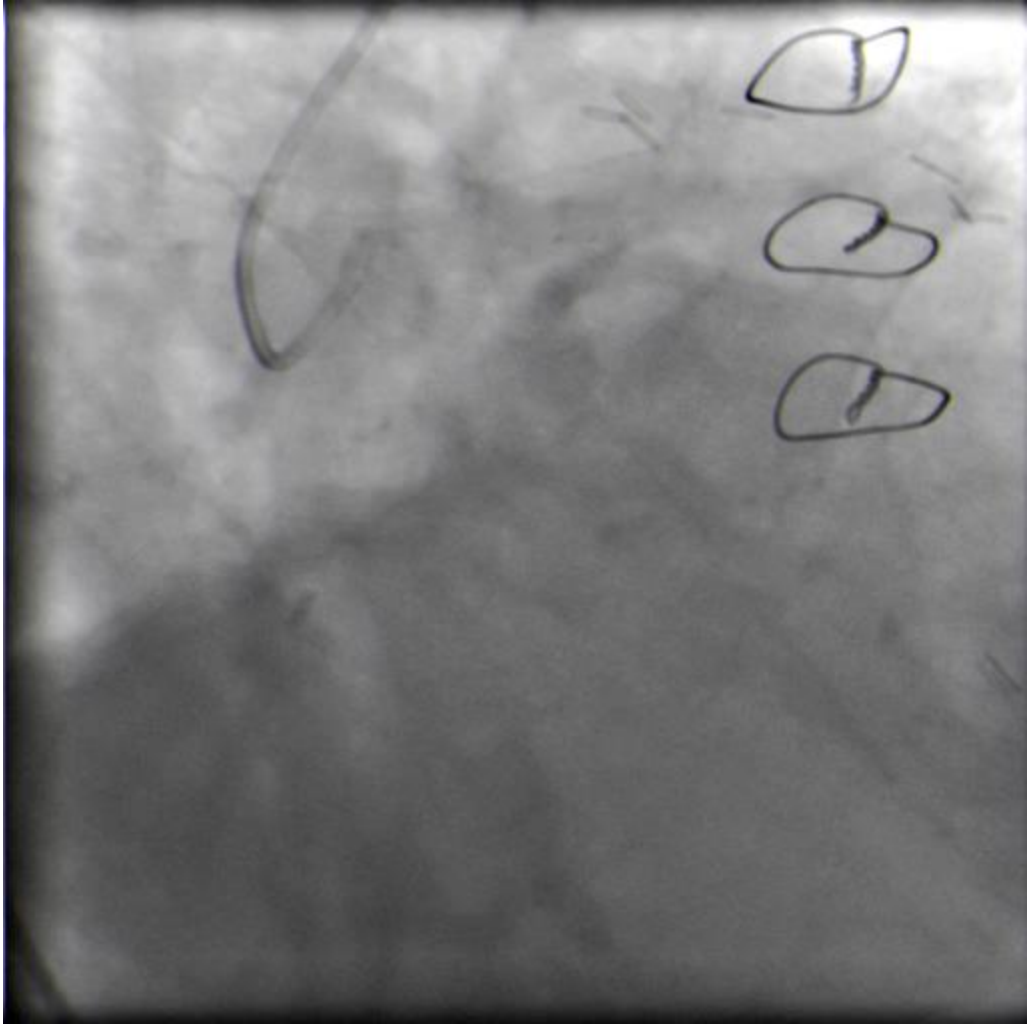
DIĞER LABORATUVAR TESTLERİ

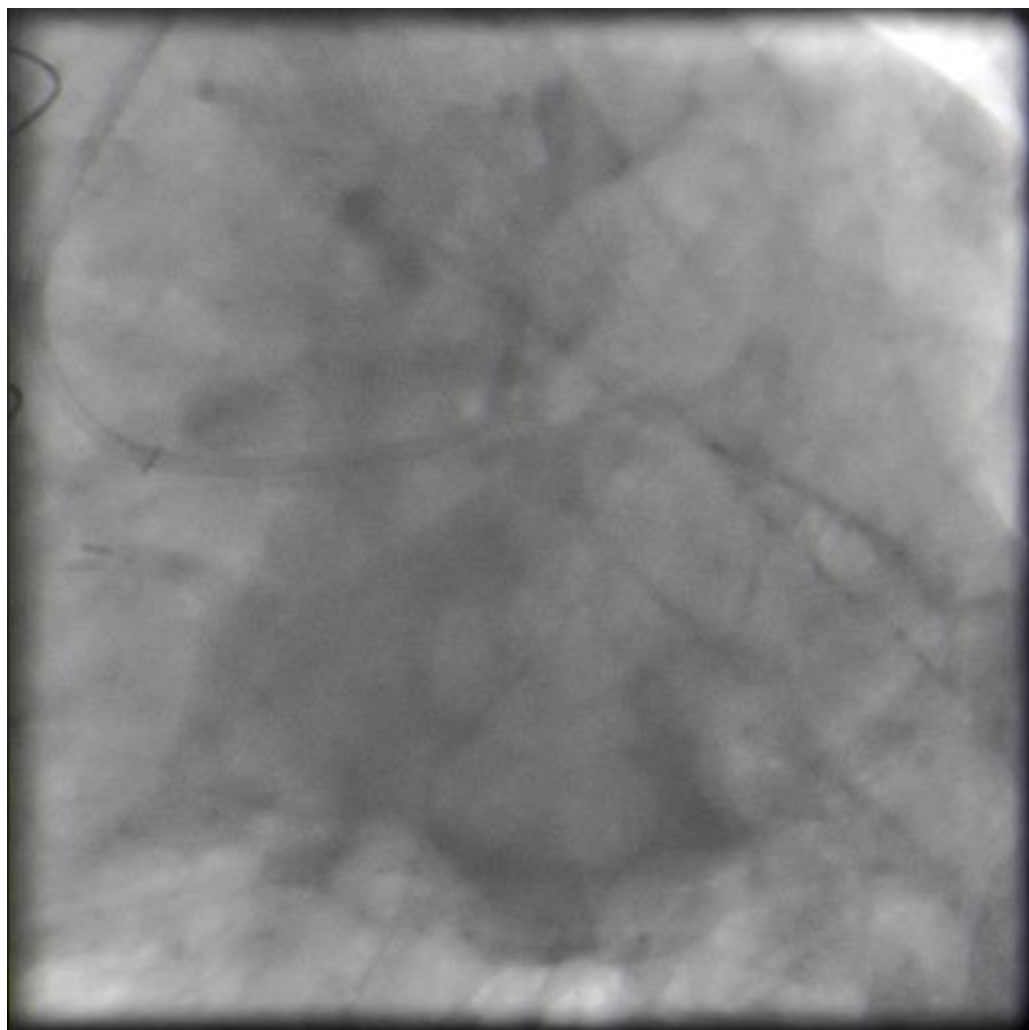
- Glukoz: 98 mg/dl
- Kreatinin: 1,08 mg/dl
- Total kolesterol: 216 mg/dl
- **LDL: 154** mg/dl
- **HDL: 39** mg/dl
- Trigliserid; 112 mg/dl
- Hgb: 12,9 g/dL
- Htc: 38,4 %

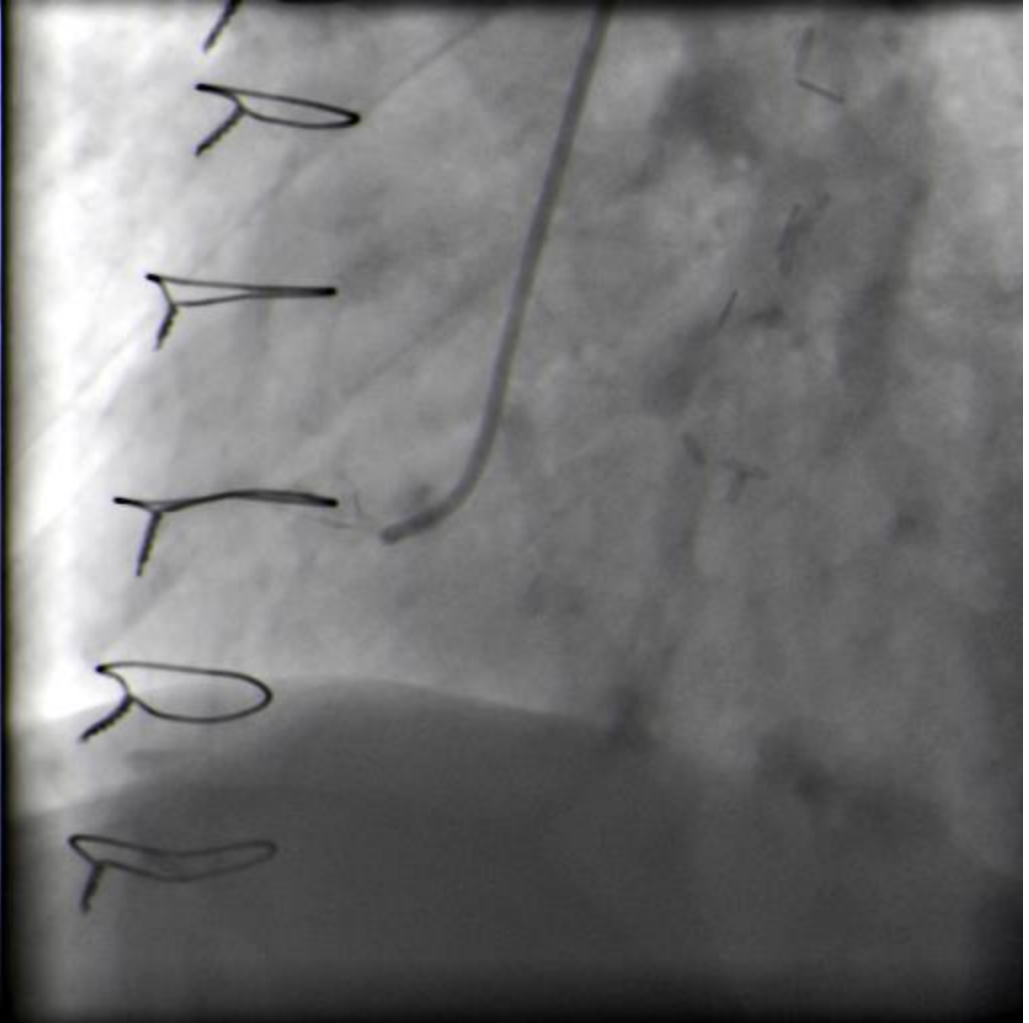
EKOKARDİYOĞRAFI

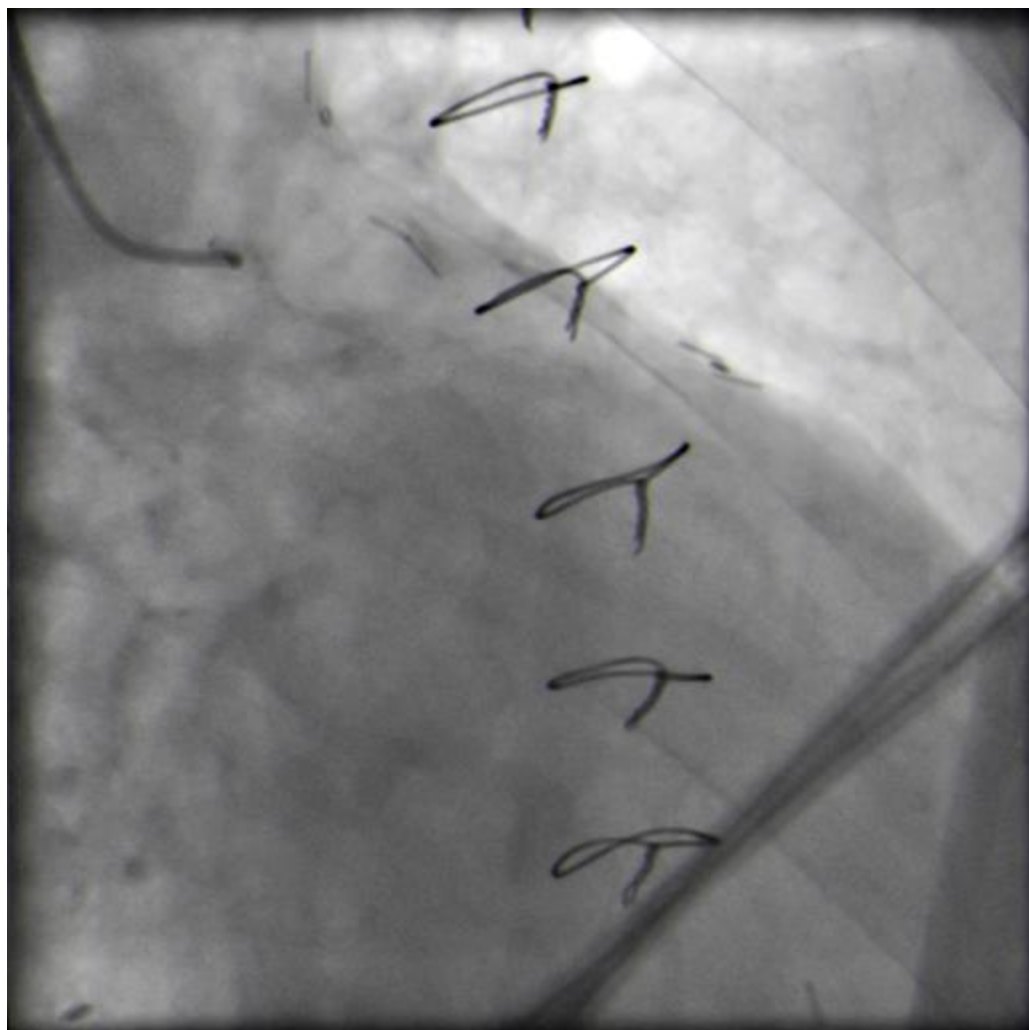
- Sol ventrikül end diyastolik çap: 5,6 cm
- Sol ventrikül sistolik çap: 4,2 cm
- **EF: % 40**
- Renkli Doppler ile hafif mitral yetmezlik
- PAB: 35 mmHg
- İ inferior ve posterior duvarlarda belirgin hipokinezi, septum ve apekte hipokinezi

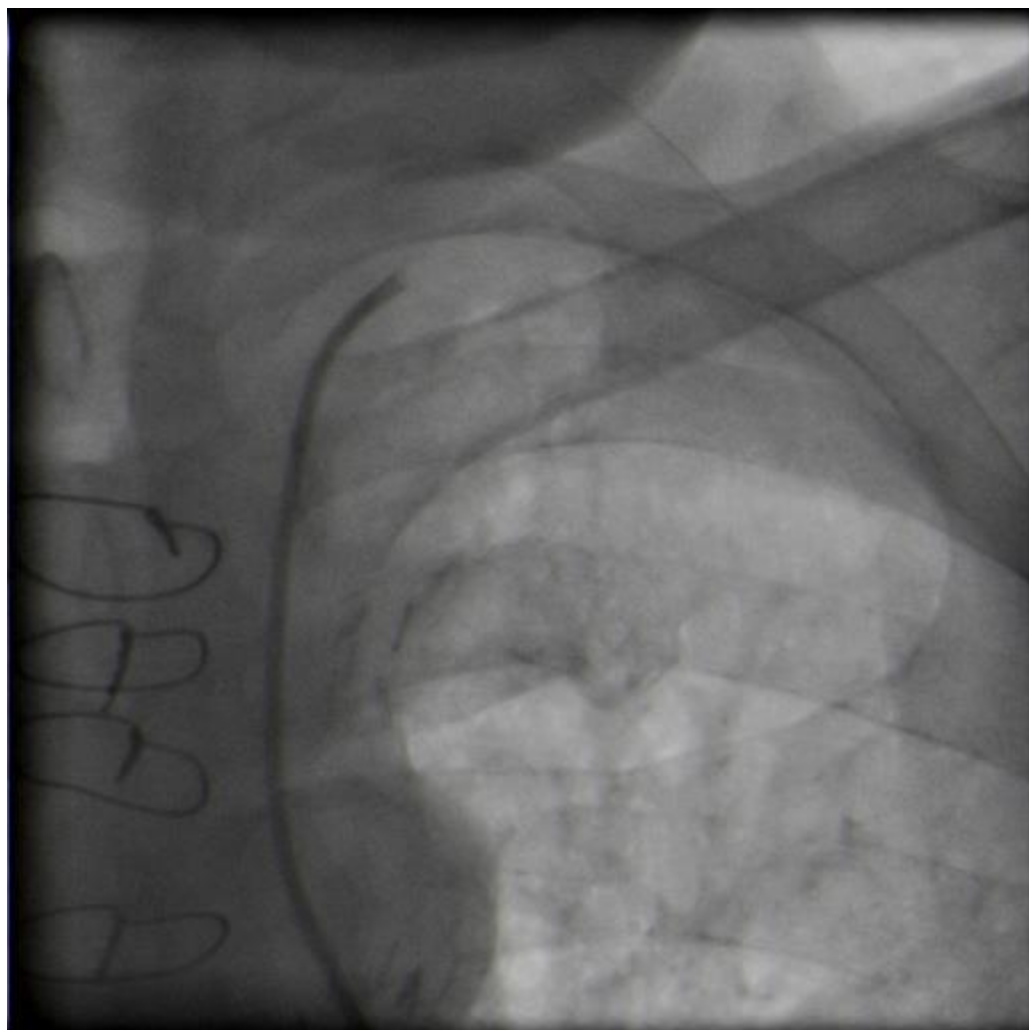
KORONER ANJİYOGRAFI



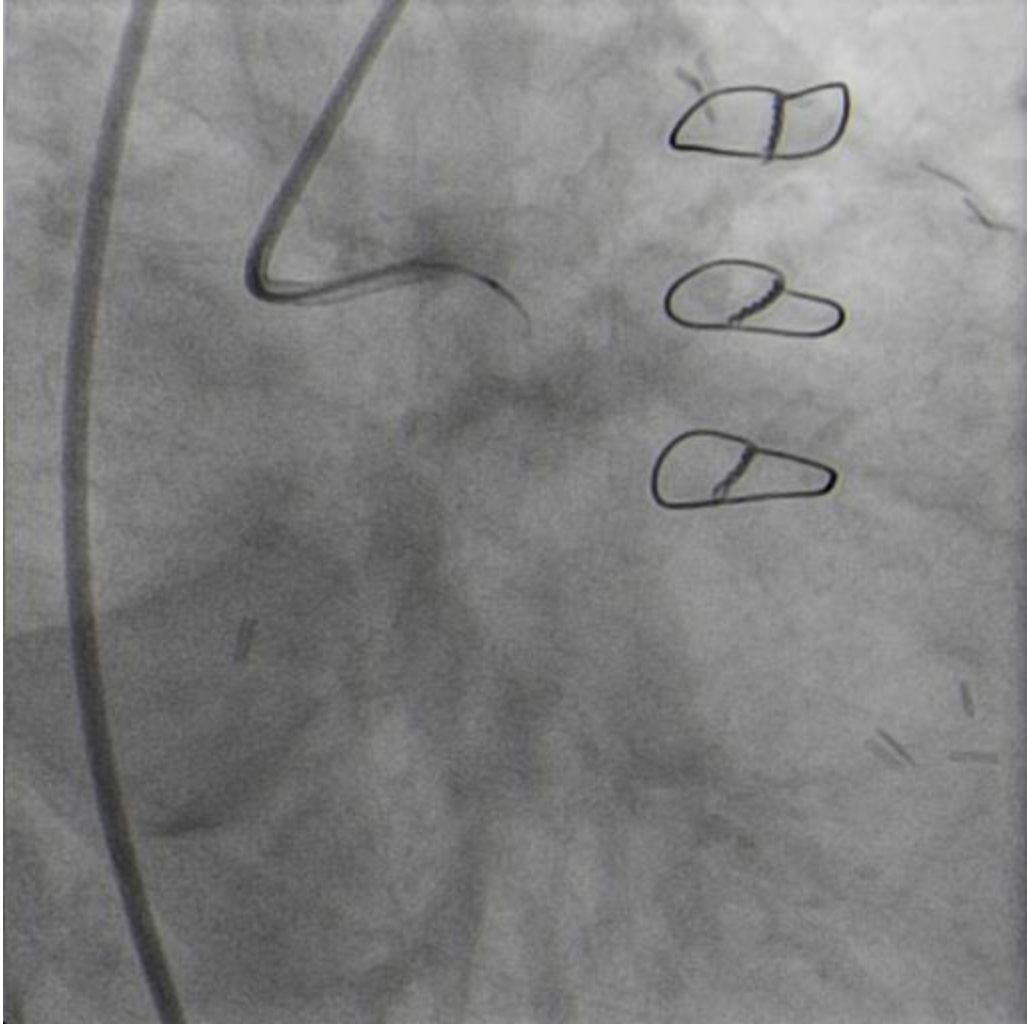


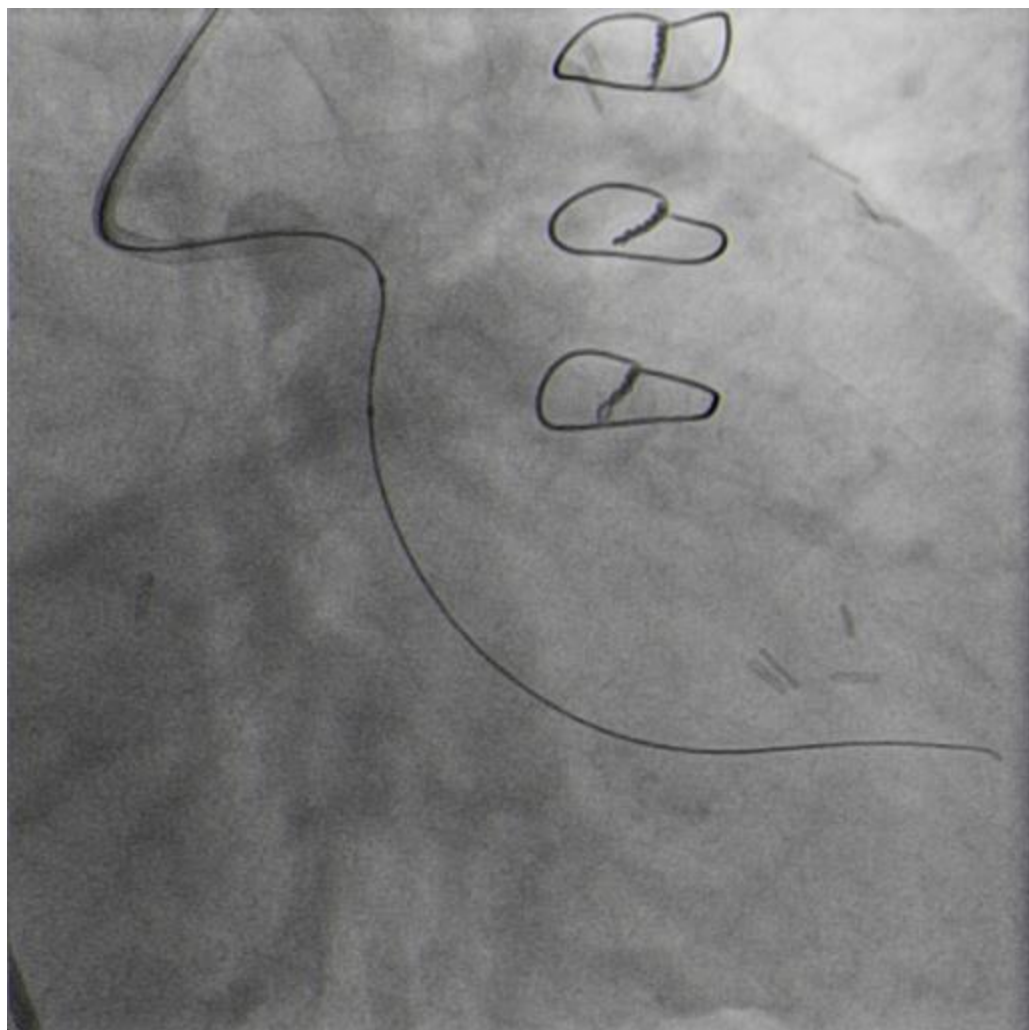


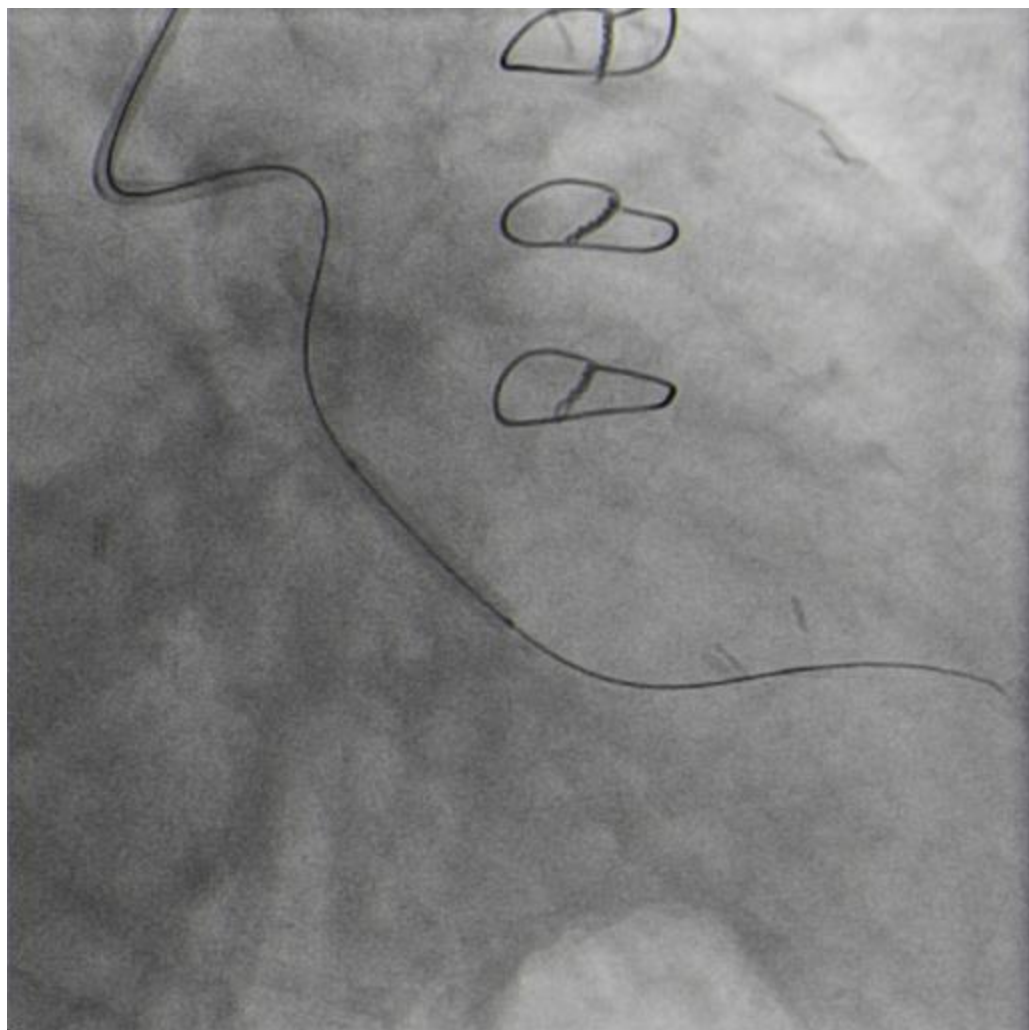


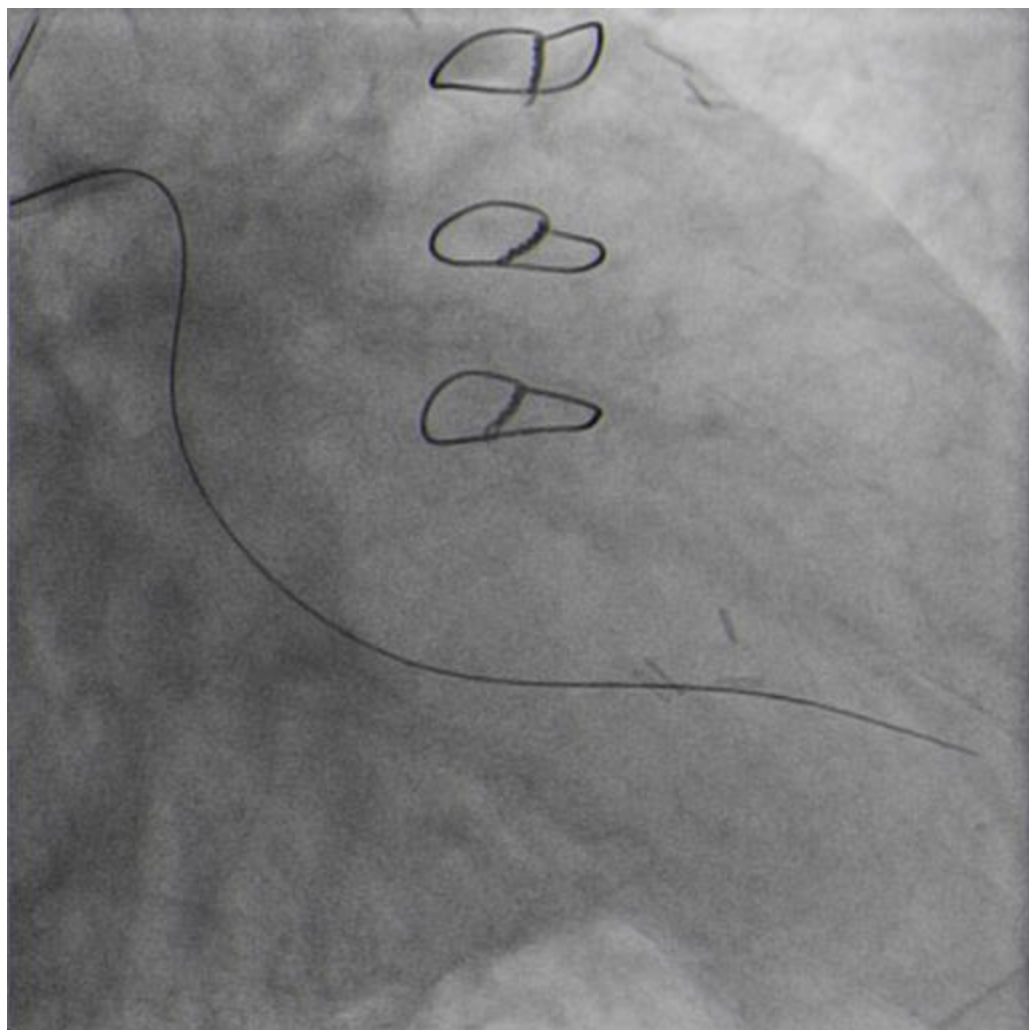


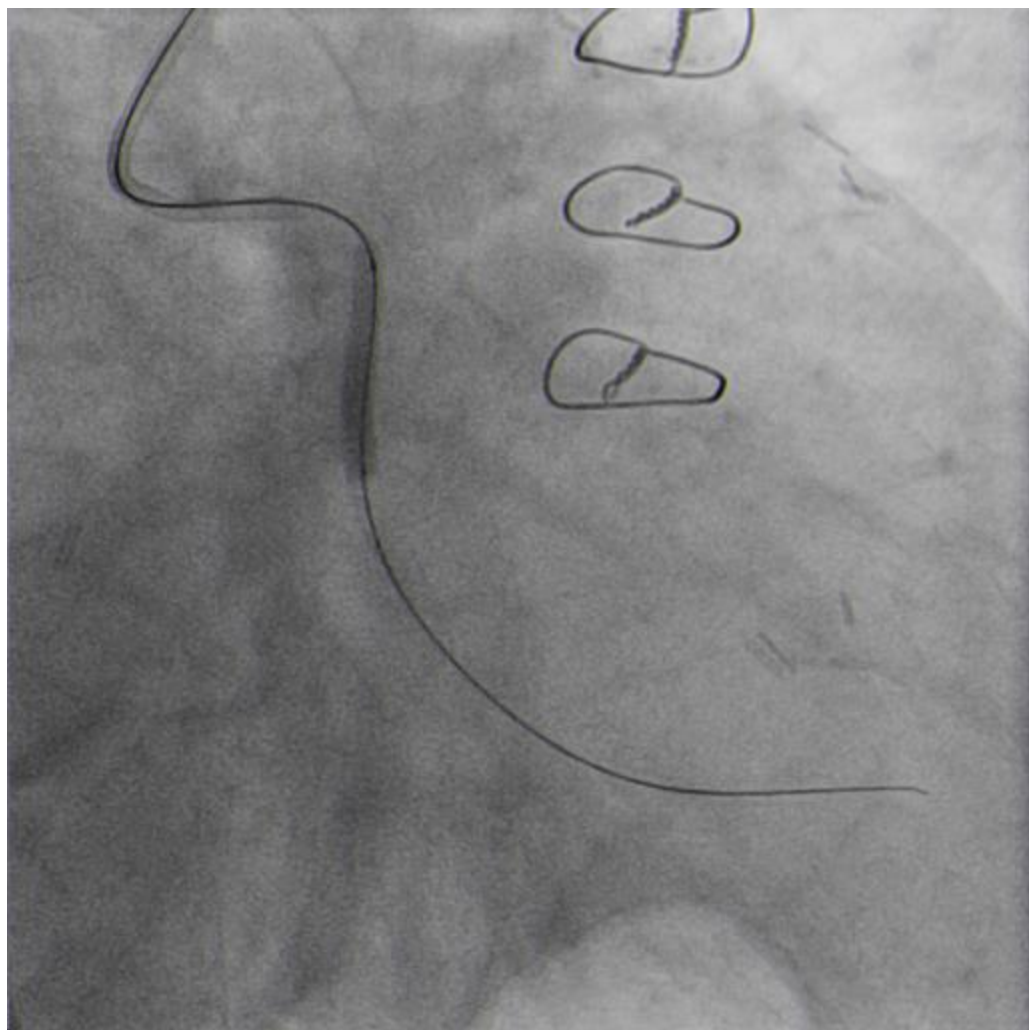
Revaskülarizasyon anı

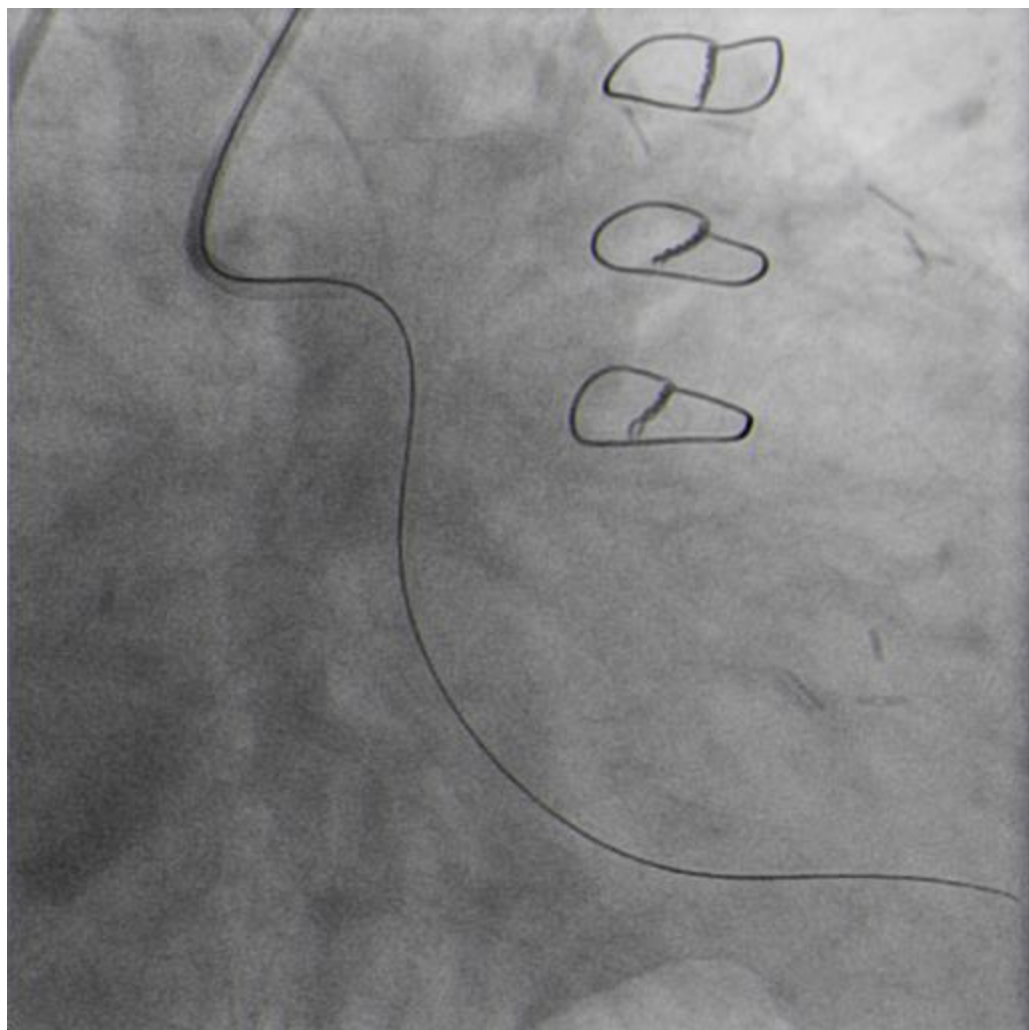


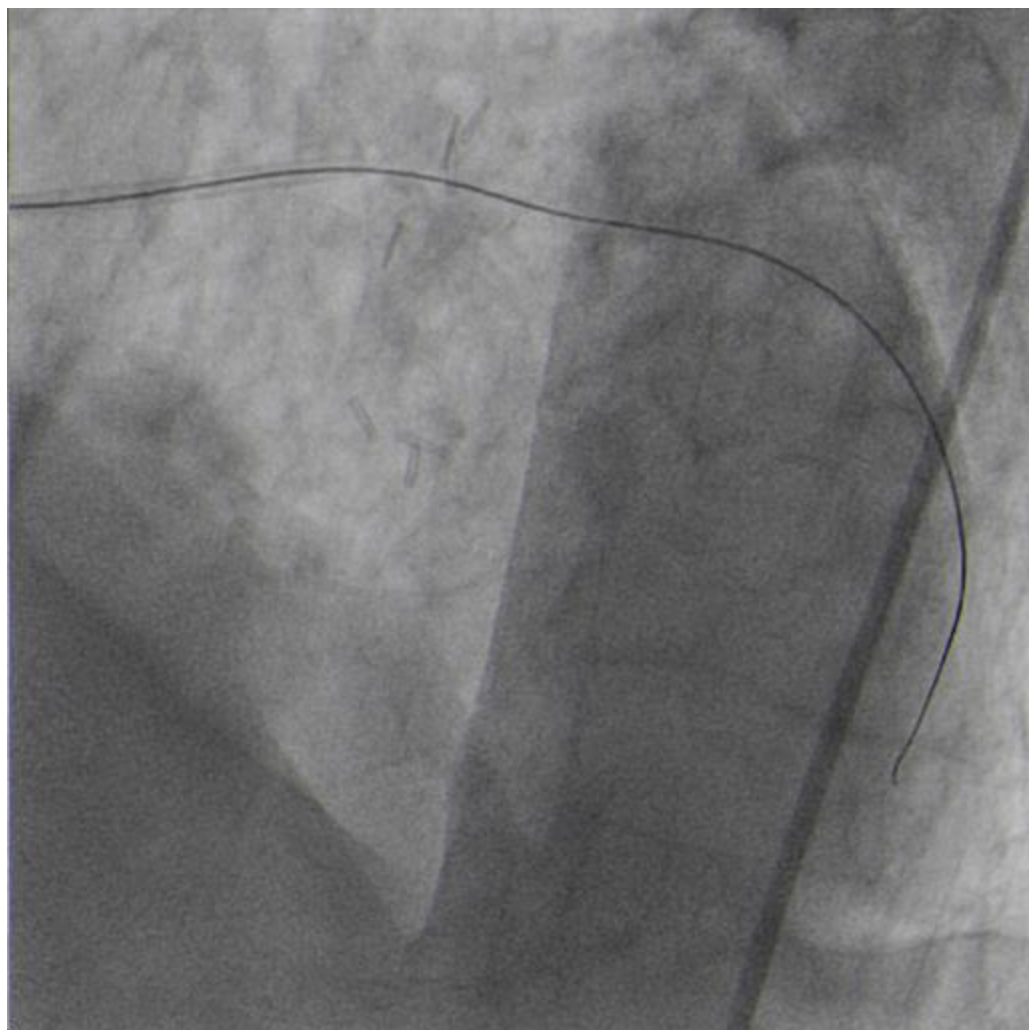










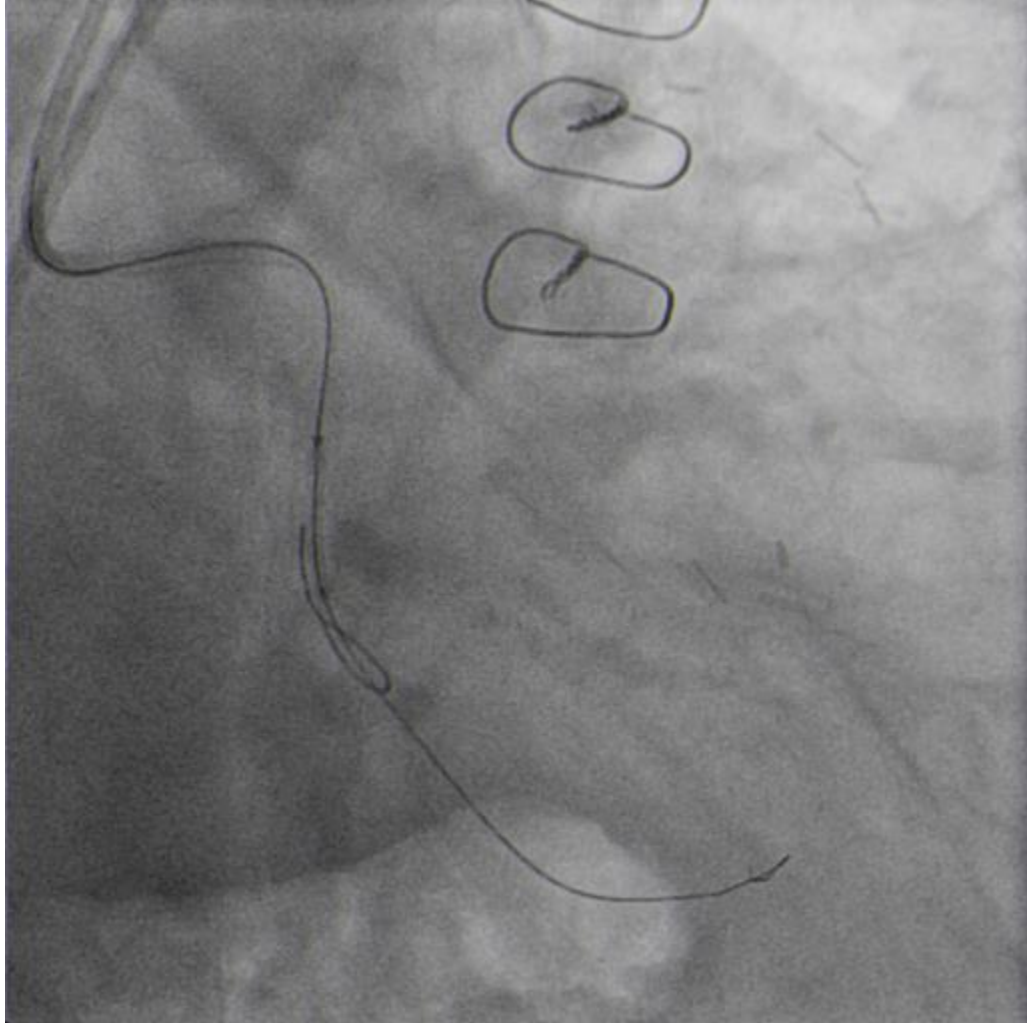


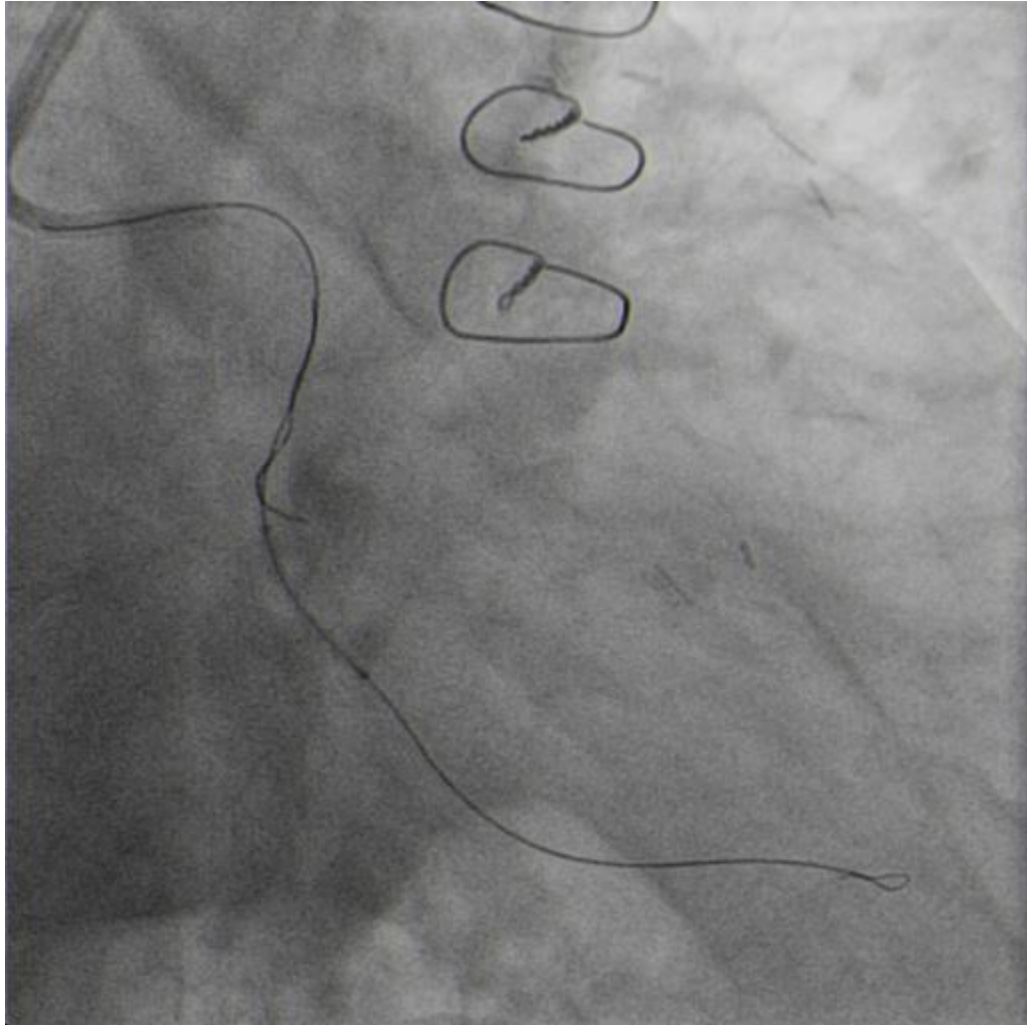
Öngörülemeyen? komplikasyon

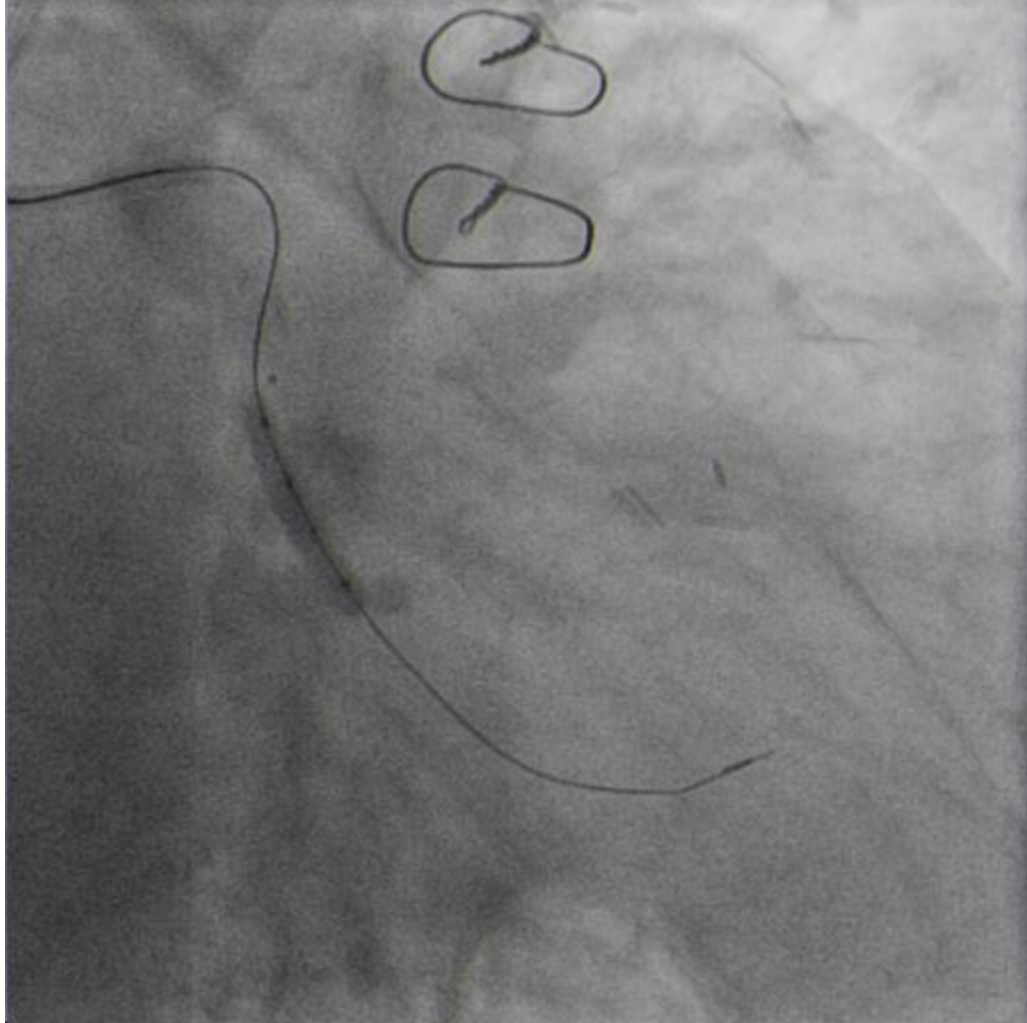
- İyatrojenik AV fistül gelişimi
- Semptomlarda artış
- Hemodinamik ve klinik kötüleşme

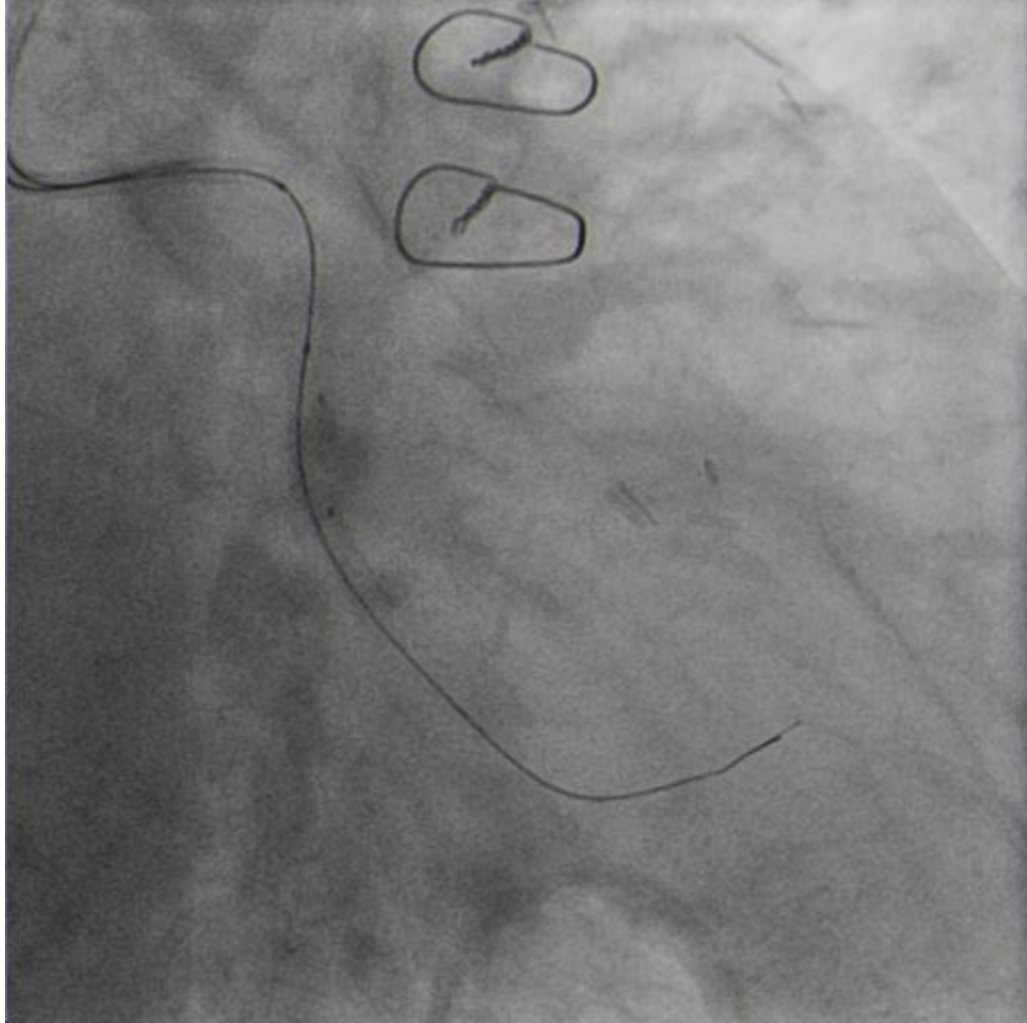
Plan

Şimdi hangi yolu izleyelim????



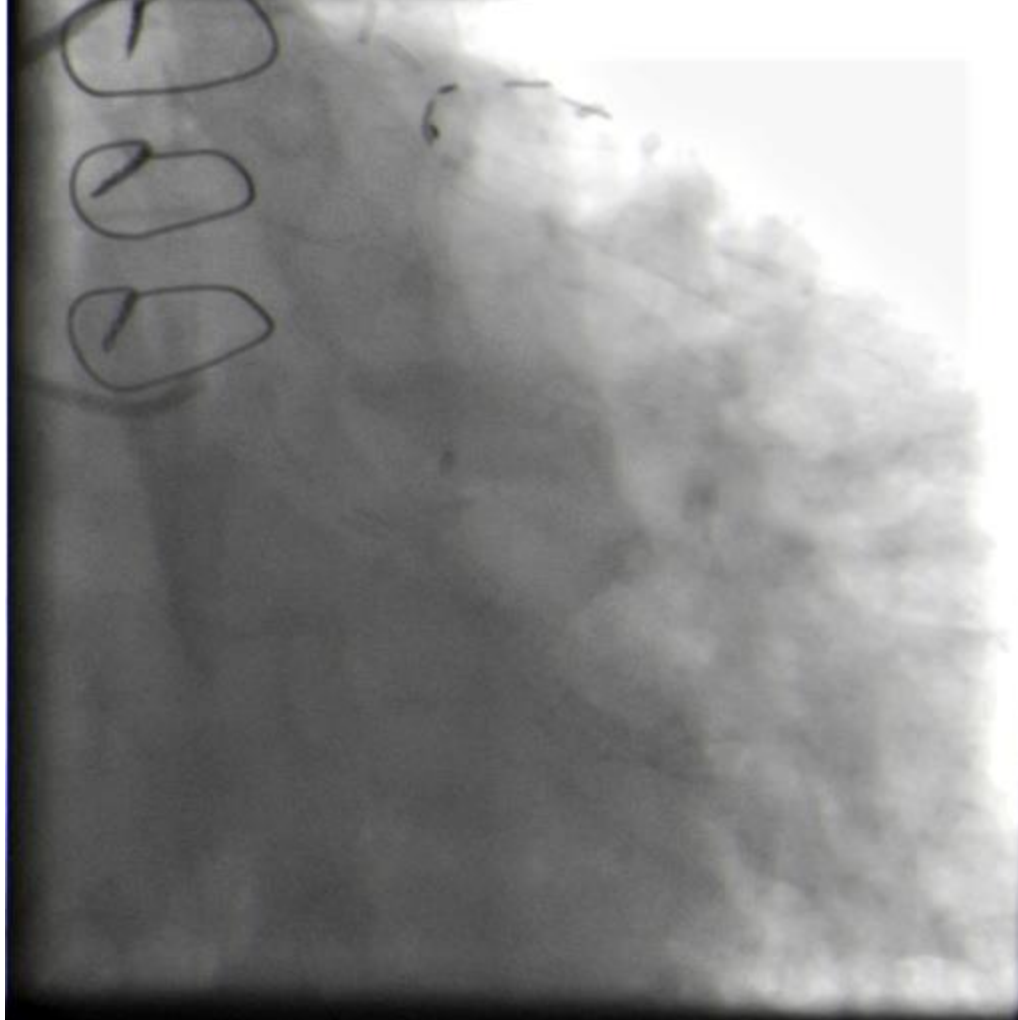




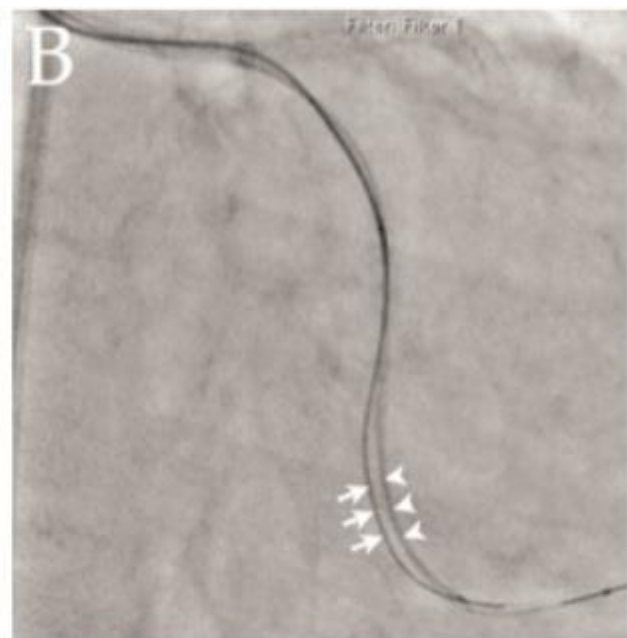
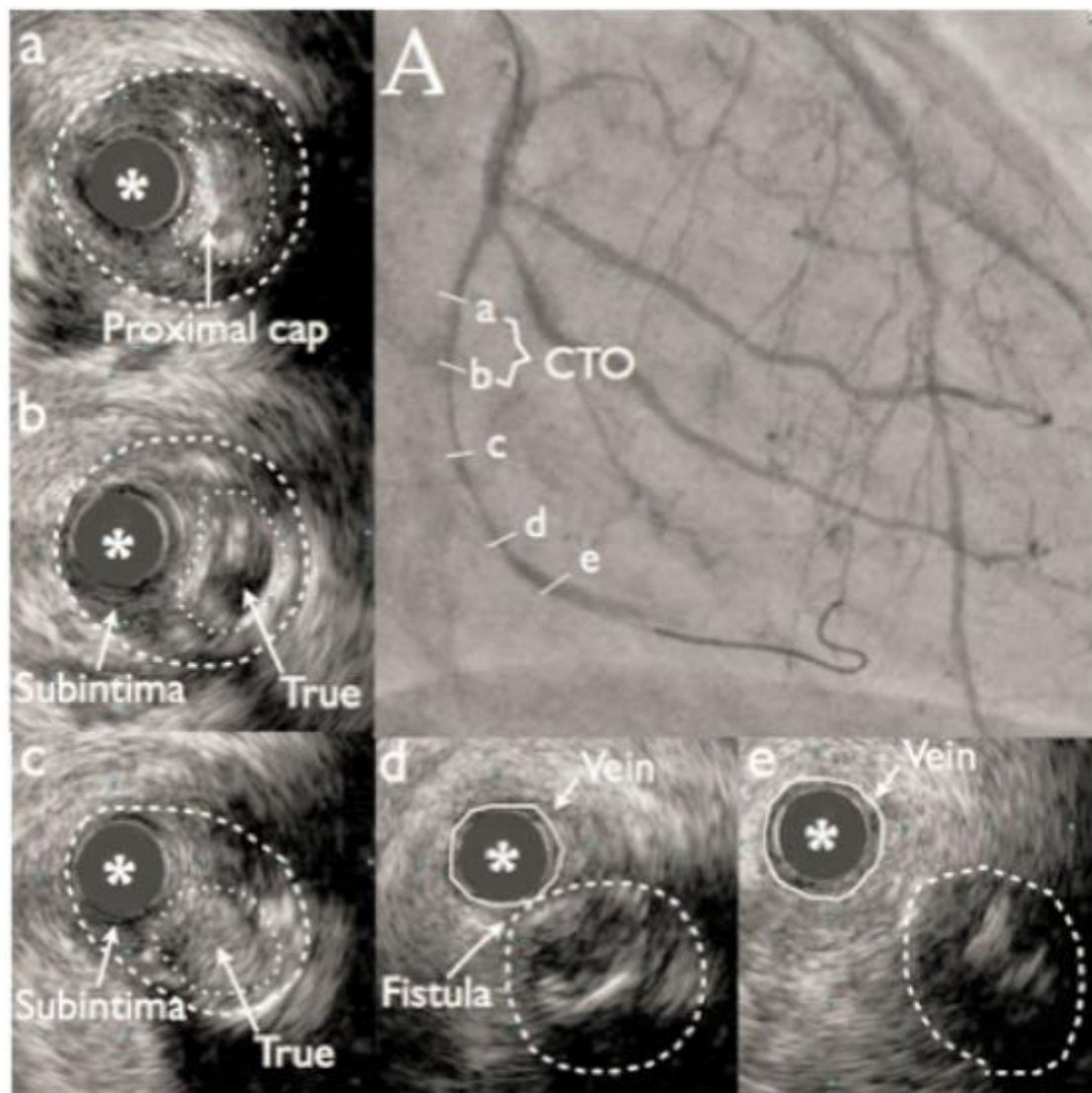


Değerlendirme

iş e başladığımız noktaya geri döndük



Başka seçenekler var mıydı ??



Teşekkürler...😊