

# KRONİK TOTAL OKLÜZYON

*Olgu sunumu*

Abdurrahman Tasal

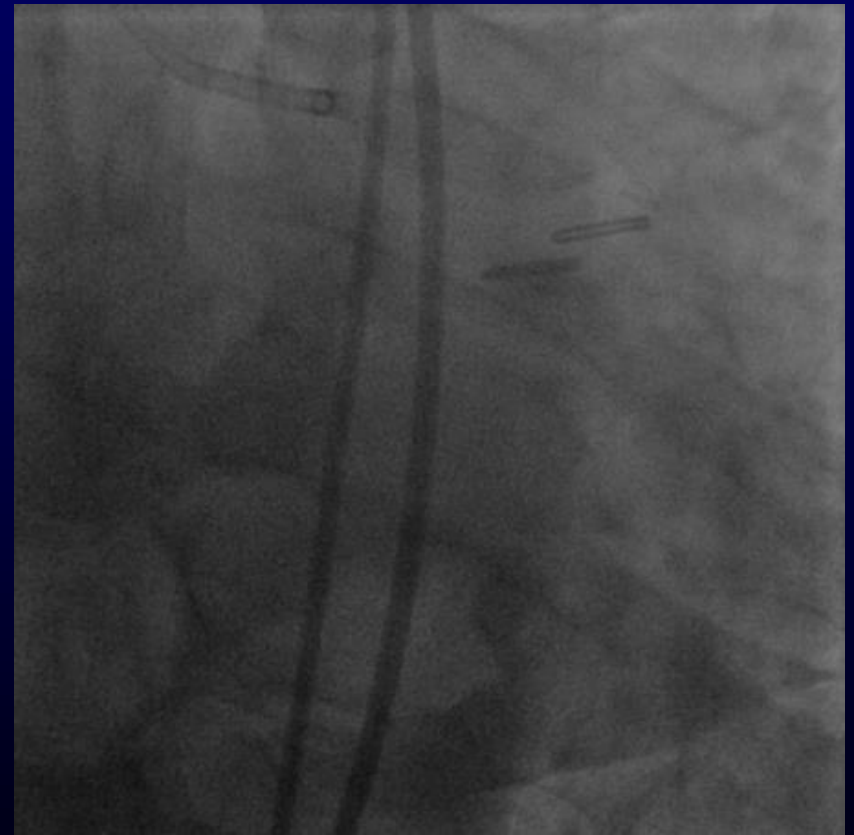
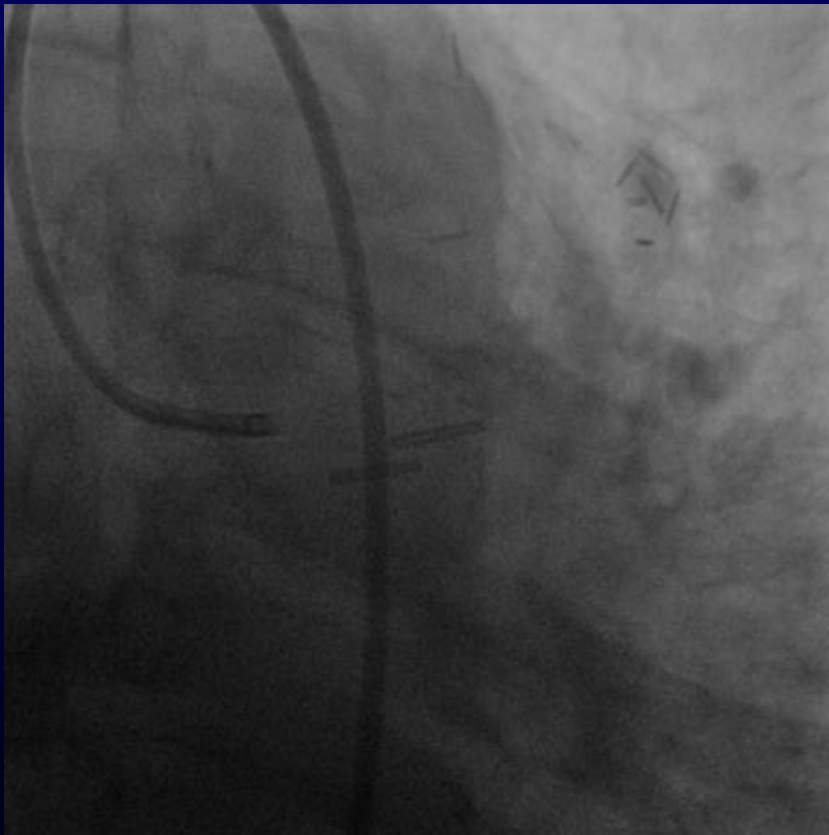
Bezmialem Vakif University, Istanbul, Turkey

# Olgu

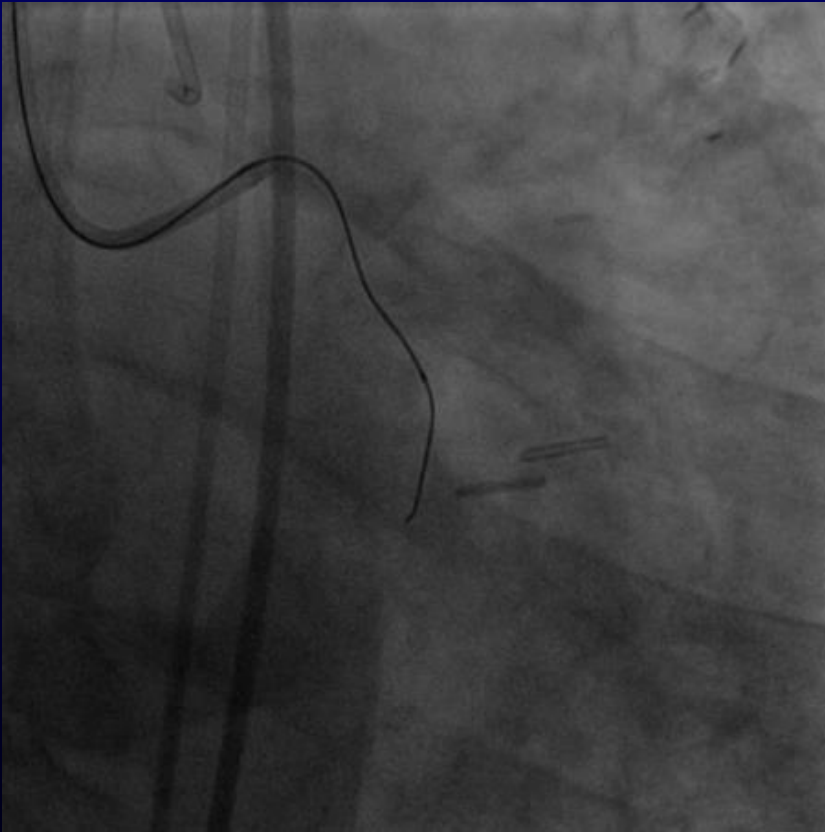
- 71 y, erkek
- 2005 CABGx2 (LIMA-LAD, Cx- safen)
- Risk faktörleri
  - HT, HL
- Stabil anjina, sınıf II
- LVEF = %48, posteriyor, lateral hipokinetik
- Efor pozitif
- KAG: LIMA-LAD açık, Cx- safen greft oklüde



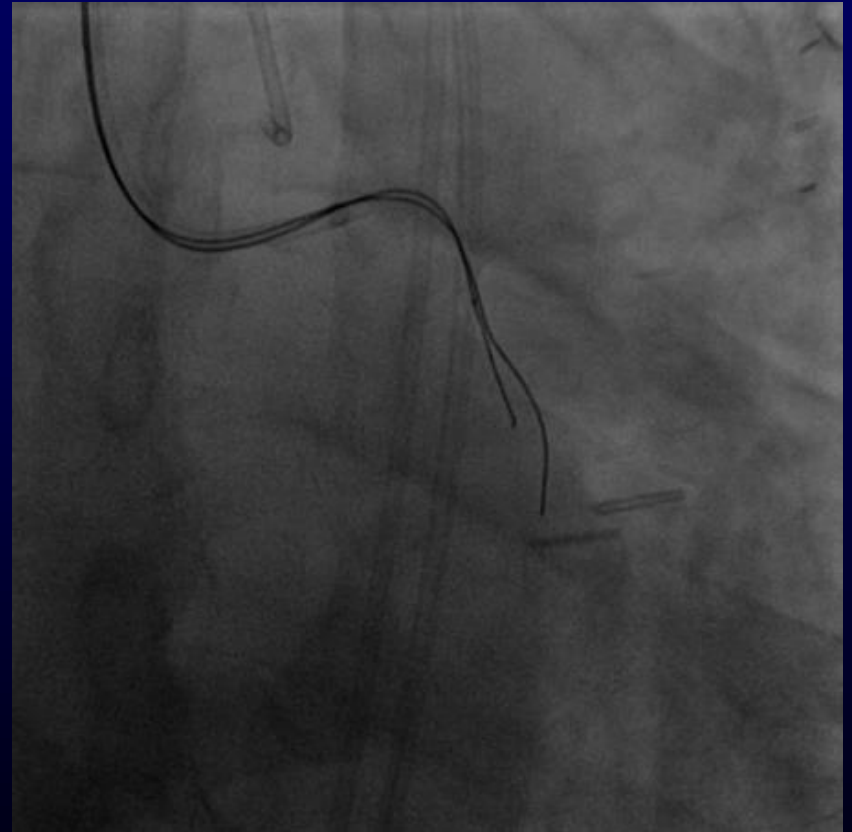
**BEZMİÂLEM**  
VAKIF ÜNİVERSİTESİ



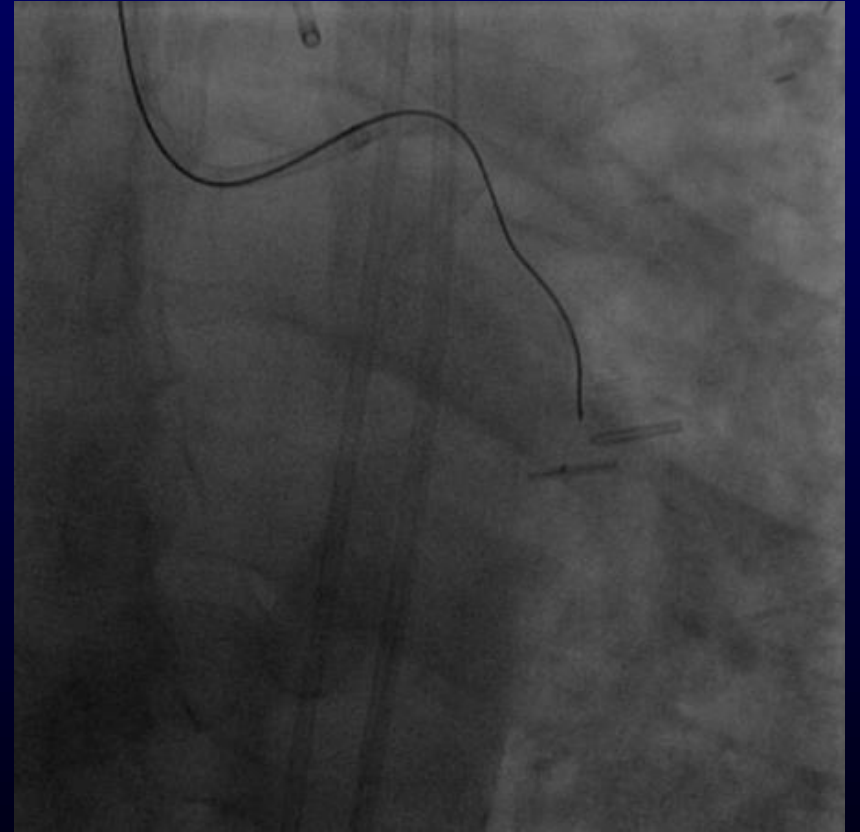
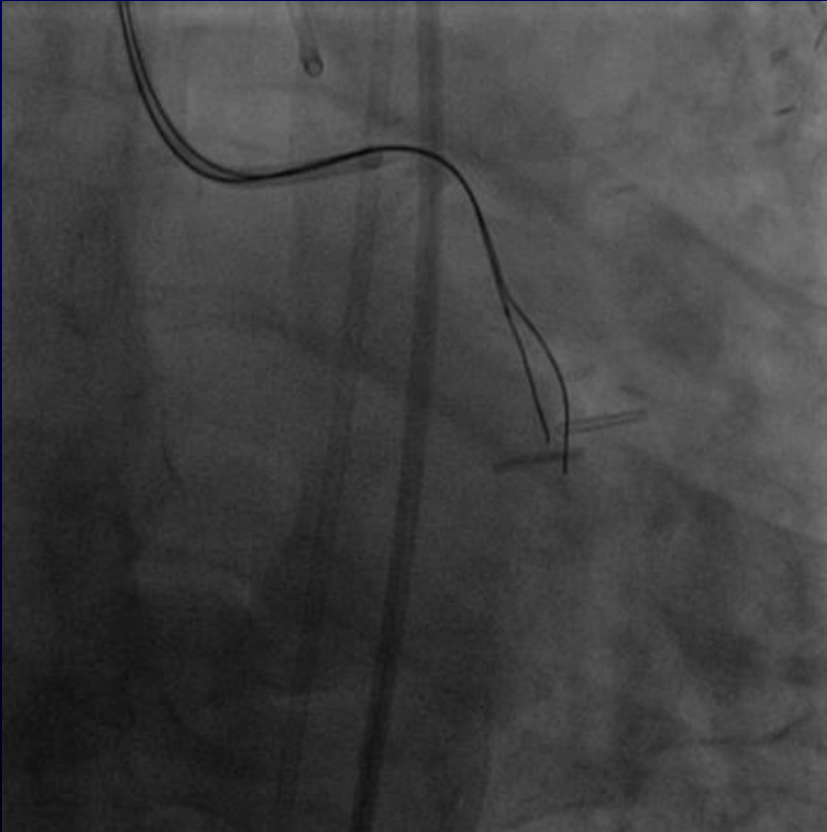
**Finecross, Miracle 6 gr**



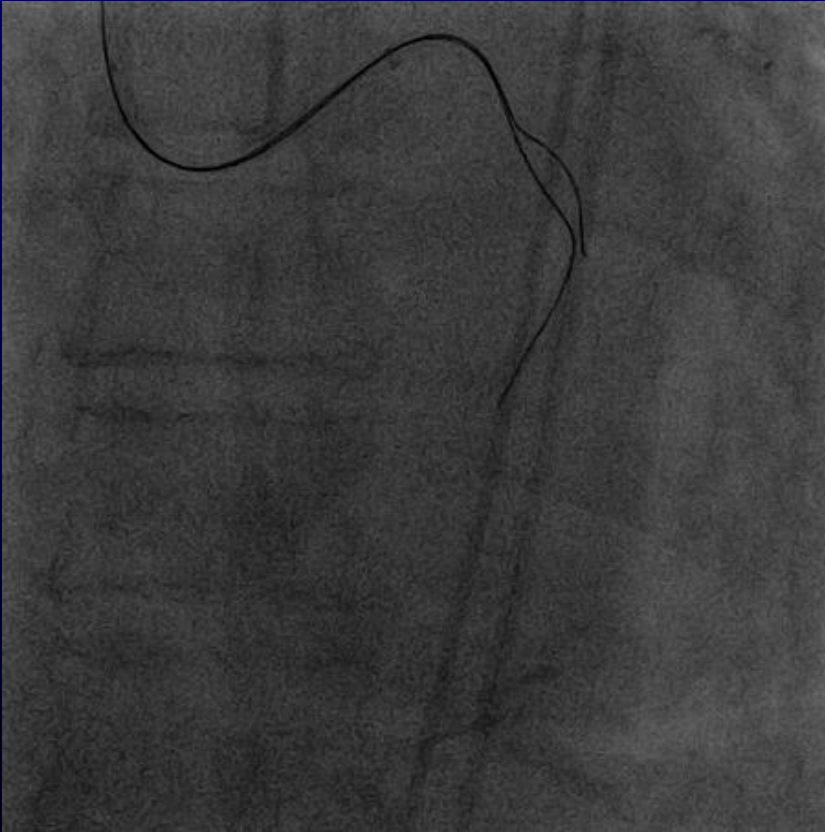
**Paralel wire Miracle 6 gr**



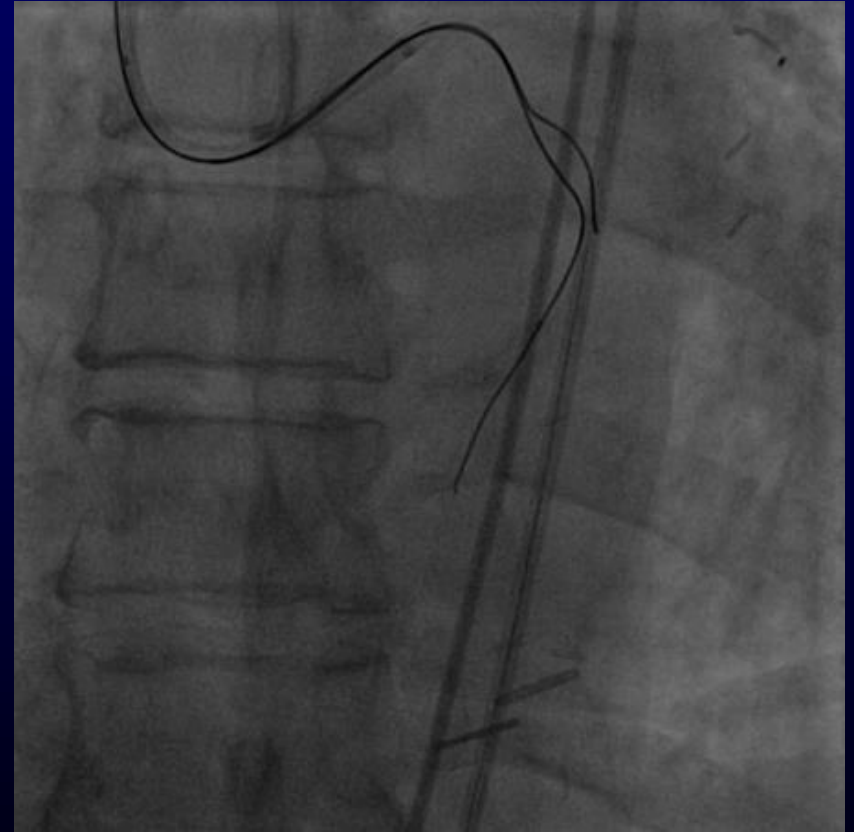
## Mikrokateter uç enjeksiyonu



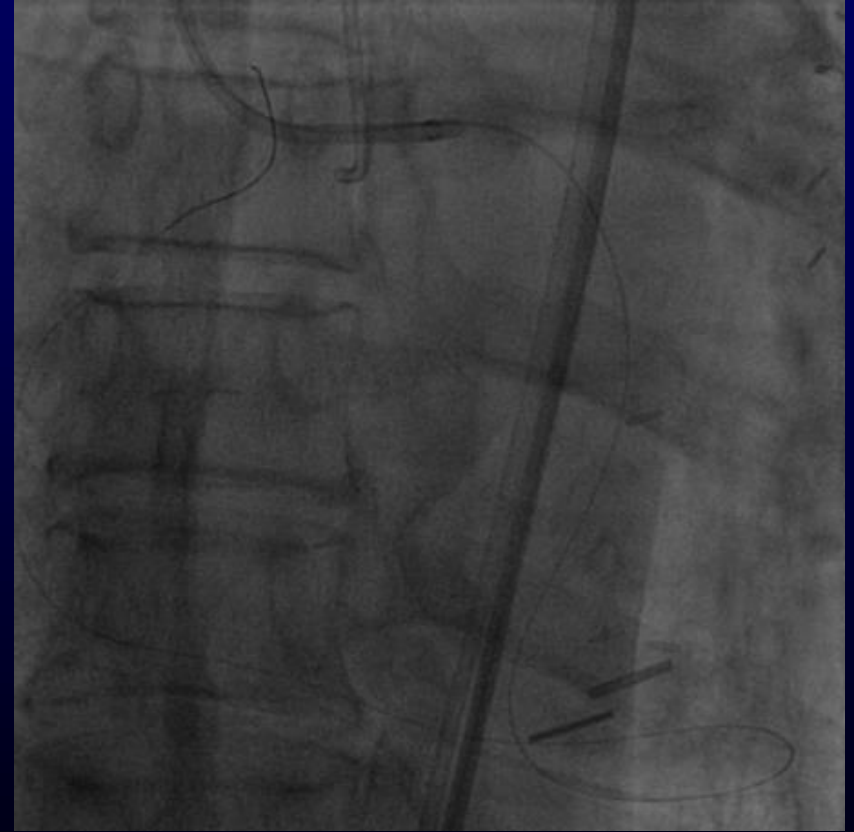
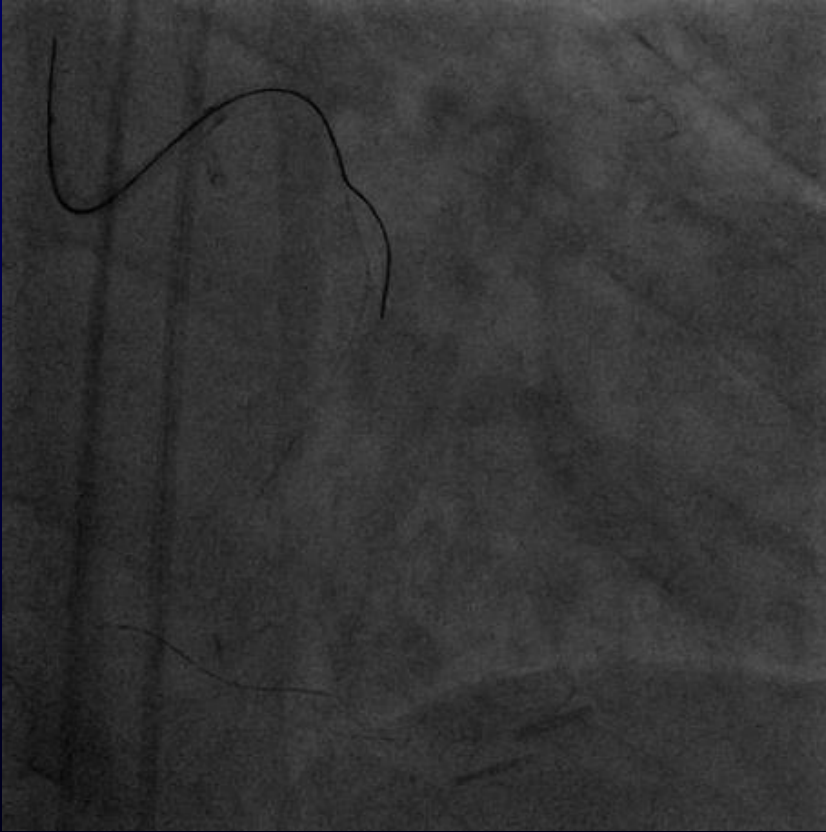
## Kollateral enjeksiyon

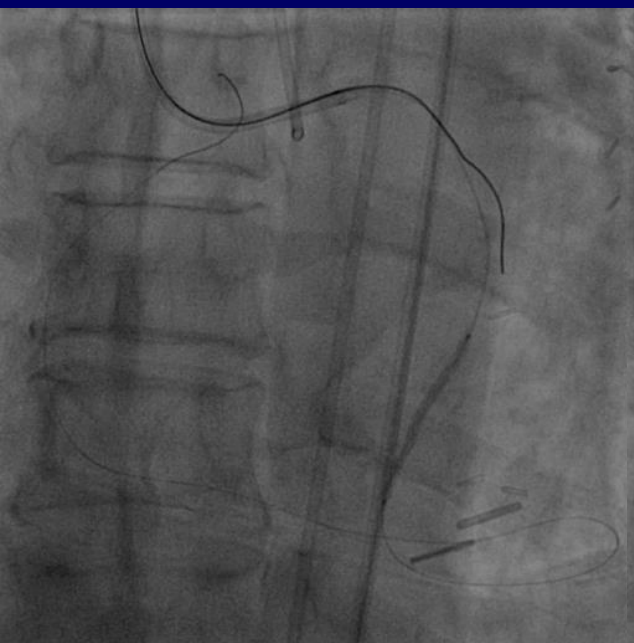


## Tel gerçek lümende



## Miracle BMW ile deđiřtirildi







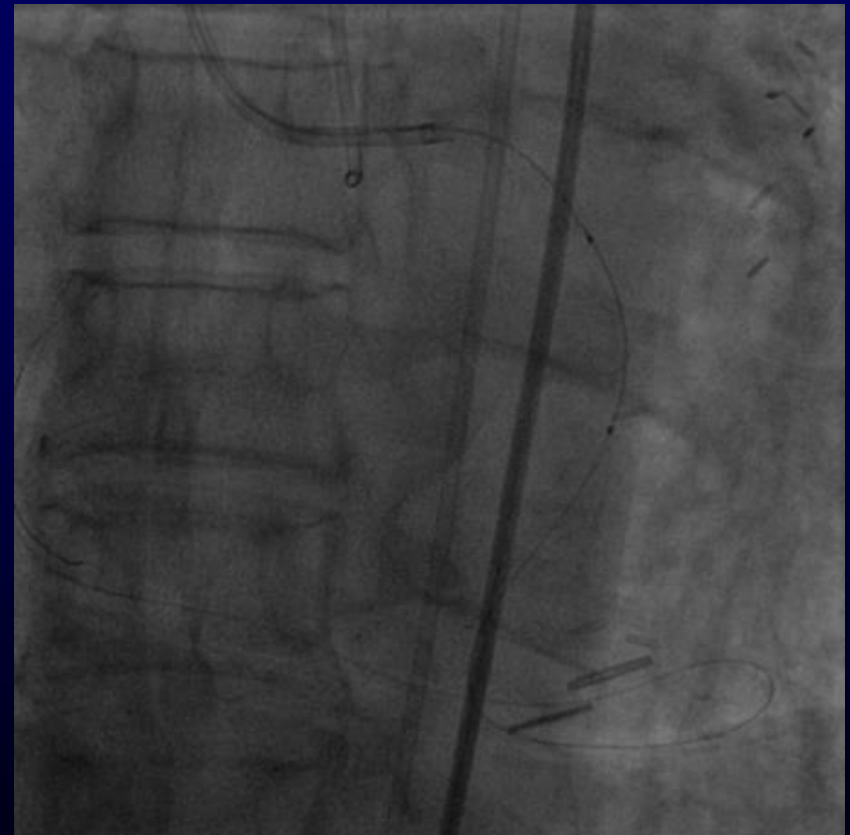
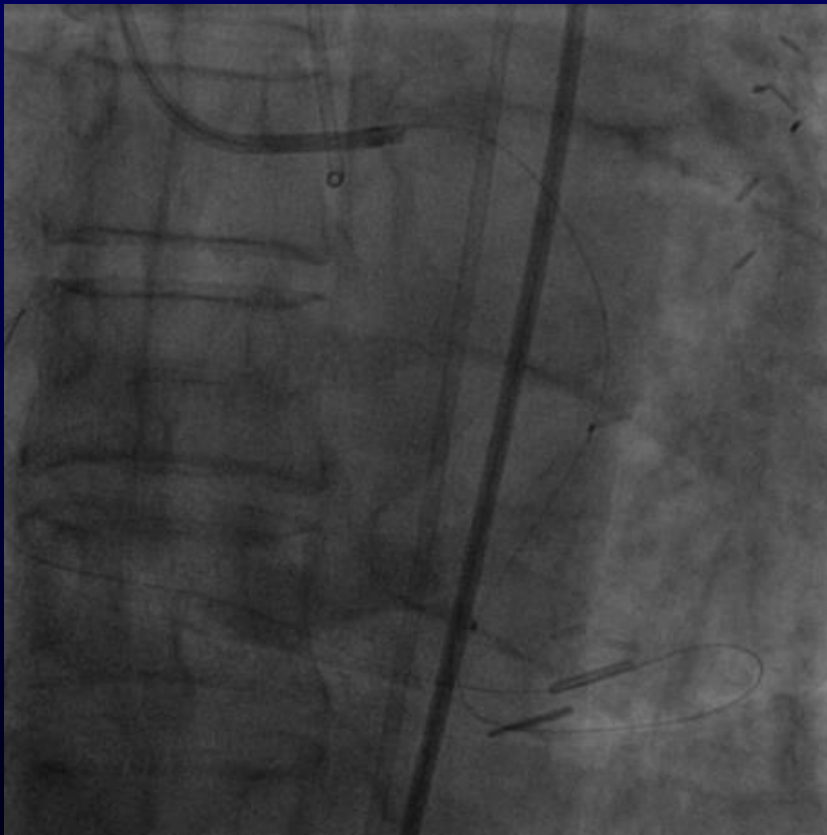


**BEZMİÂLEM**  
VAKIF ÜNİVERSİTESİ



2.5X28 mm Absorb  
3.0X28mm Absorb  
3.5x18 mm Absorb

---- distal  
---- mid.  
---- proks.



3.5x18 mm Xience V ---- sol ana koroner

**Sonuç**



# Neden eriyebilen stent?

- Koroner arter anatomi ve fizyolojisinin korunması
- Geç polimer reaksiyonun azalması
- Pozitif remodeling/ stent malapozisyonun azalması
- Strut fraktür riskinin azalması
- Yan dal işlem olasılığının azalması
- Alternatif revaskülarizasyon

# Bezmialem Deneyimi



Ağustos 2012 ile Eylül 2013 arasında 57 hasta  
(63 stent)

- Primer perkutan koroner girişim --- 3 hasta
- Kronik total oklüzyon revaskülarizasyonu--- 7 hasta
- 1 hastada 6 hafta sonra stent trombozu, ASA ve klopidogrel bırakmış
- Diğer hastalar asemptomatik

Teşekkür ederim...