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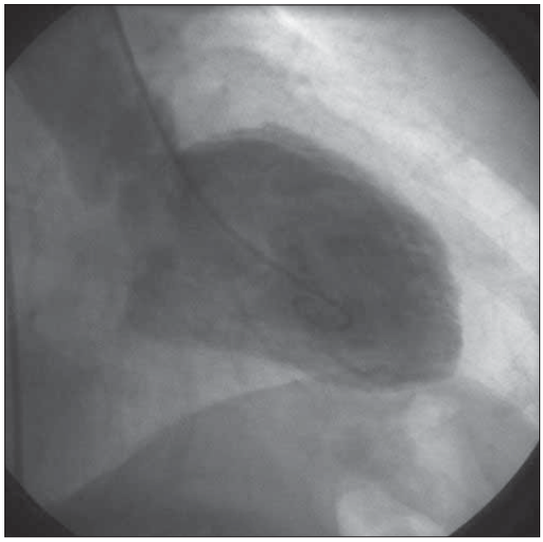

Şekil 4. Hastanın diyastolde sol ventrikülografisi: Hafif genişleme dışında apikal balonlaşma diyastolde belirgin değil

Şekil 5. Hastanın atriyal fibrilasyonlu 12- derivasyon EKG'si
EKG -elektrokardiyogram

üzere değişik ritm bozuklukları da eşlik edebilir (4). Nitekim bizim hastamızda atriyal fibrilasyon gelişti ve vakamızın Tako-tsubo sendromu akut sürecinde atriyal fibrilasyon gelişebileceğini göstermesi açısından önemli olduğunu düşünüyoruz.

Psikojenik stres sonrası göğüs ağrısı ve EKG değişikliği gelişen özellikle postmeneopozal kadın hastalarda akut koroner sendrom tanıları arasında Tako-tsubo sendromu da akılda bulundurulmalı, mümkün olan erken dönemde koroner anjiyografi ve koroner anatomi normal ise mutlaka ventrikülografi yapılmalıdır. Ayrıca hastalığa atriyal fibrilasyon eşlik edebilir.

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Warfarin resistance induced by oxcarbamazepine

Oxcarbamazepin'e bağlı warfarin direnci

A 16 years old male patient was referred to our clinic for low international normalized ratio (INR) values despite warfarin use. He underwent aortic valve replacement six years ago because of bicuspid aortic valve and resulting aortic stenosis. After the operation warfarin 10 mg was used for holding INR value in the range of 2-3. Unfortunately, the patient experienced a seizure-like episode one year ago and oxcarbamazepine was prescribed with a diagnosis of epilepsy. Unfortunately, INR value started to decrease from normal target range at the 6^{th} months of oxcarbamazepine therapy and reached a value of 1.23 at 12^{th} months. The patient refused to any other concomitant drug use or diet changes during that time period. Responsible doctor discussed the patient's status with a neurology specialist and oxcarbamazepine was stopped. There was no record for any warfarin dose adjustment attempt at that time. Despite the absence of oxcarbamazepine therapy, the patient's INR values were still at the subtherapeutic levels, and hence, admitted to our clinic. Our first approach to the patient was to increase warfarin dose. Daily 15 mg warfarin dose yielded INR value of 1.6. We further increased daily warfarin dose to 20 mg but the result was INR value of 1.5. We searched for genetic defects leading to warfarin resistance and found VKORC1 1173CC genotype and CYP2C9 *2 allele. Based on these findings we discussed other treatment options with the patient and decided to use clopidogrel 75 mg –aspirin 300 mg per day combination.

Warfarin resistance is a rare clinical problem which can be caused by genetic or acquired causes. In addition to concomitant drug therapy (1) and enteral nutrition (2) patient related factors such as not taking the medication, impaired absorption, rapid elimination and increased vitamin K intake may cause to acquired warfarin resistance (3). In our patient INR values was decreased after oxcarbamazepine therapy and never returned to target levels even after oxcarbamazepine discontinuation and warfarin dose adjustments. He refused any diet change, any other drug use or drug adherence problems. We thought that determined genetic problems related to warfarin metabolism can not be used solely for explanation of the problem. Although patients having VKORC1 1173CC genotype require higher warfarin dose, CYP2C9 *2 variant is associated with lower warfarin dose (4). Moreover, oxcarbamazepine was reported as not affecting the anticoagulant activity of warfarin (5). In view of these facts we have to admit that we have no a clear explanation for the warfarin resistance in our case. Nevertheless, we suggested that oxcarbamazepine-warfarin metabolism interaction, possibly via VKORC1 1173CC mutation could cause a continuous decrease in warfarin's ability to suppress vitamin K epoxide reductase enzyme.

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Utility of mild hypothermia during carotid artery surgery in patients with unilateral stenosis and contralateral total occlusion

Kontrlateral total oklüzyonlu karotid arter stenozu olan olgularda hafif hipotermi ile karotid arter cerrahisi

Carotid artery occlusive disease is responsible for approximately 20% to 30% of strokes (1), and carotid endarterectomy (CEA) has been proven effective in reducing this risk of stroke in symptomatic and asymptomatic patients with >60% carotid stenosis (2, 3). Previous studies found that mild hypothermia could prevent neuronal ischemia and stroke during surgical procedures on arteries that supply the brain, especially with extended occlusive lesions on both internal carotid arteries (4). We aimed to determine whether mild hypothermia during carotid artery surgery improves outcomes in patients with unilateral critical stenosis in internal carotid artery or in common carotid artery and total occlusion on the contralateral side.

Between January 2003 and October 2007 seven patients (5 men, 2 women; mean age of 64±9 years) with 60-99% stenosis of the internal carotid artery (ICA) and total occlusion of the contralateral ICA and who were not candidates for or refused carotid balloon angioplasty and stent were included in the study. Exclusion criteria were: lesions that were inaccessible for technical reasons (e.g. high ICA cervical segment stenosis), uncorrected bleeding disorders, intracranial tumor or arteriovenous malformation, history of radiation therapy associated with radical neck dissections, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), recent transient ischemic attack (TIA), or stroke within the previous 6 weeks, and patients undergoing cardiac surgery with cardiopulmonary bypass within the previous 6 months.

After 100 unit/kg unfractionated heparin was given IV, and the aPTT was about 350-400 seconds, femoral artery and vein was canullated. The patient was cooled down to 33°C and the Gott shunt was replaced by opening artery. In five patients, endarterectomy was performed on the internal carotid artery and the arteriotomy was closed primarily using continuous polydioxanone 5-0 sutures. In the other two patients, a same-side subclavian artery and common carotid artery bypass was performed with a 6 mm polytetrafluoroethylene synthetic graft. Later on, re-warming of the patient was begun and the subclavian anastomosis was performed. After the patient body temperature reached 36°C, the patient was disconnected from the pump.

A major stroke occurred in one patient who experienced partial and secondary generalized seizures 43 hours after the operation. He was reintubated and antiepileptic therapy was initiated. A parietal infarct in the left middle cerebral artery territory on magnetic resonance imaging was seen, and clinically he developed a mild right hemiparesis. He was extubated 24 hours later, and his vital signs were back to normal 48 hours later. Patients were discharged from the hospital after seven days of hospital stay.

Carotid Doppler ultrasound performed on the three month postoperative visit showed a 20% restenosis of the ICA in one of five patients who underwent carotid endarterectomy and an open shunt graft in both patients with these grafts.

Mild hypothermia during carotid surgery for patients with a unilateral critical stenosis and contralateral total occlusion of the carotid arteries is safe and protects cerebral function in the early and late postoperative periods.

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Mitral valve perforation: Is there a possible role for silent infective endocarditis?

Mitral kapak perforasyonu: Sessiz enfektif endokarditin olası bir rolü var mı?

Infective endocarditis is a main cause for mitral valve perforation (1), which otherwise rarely encountered in clinical practice. We present here an incidentally detected mitral valve perforation in an adult patient with undetermined cause.

A 36 years old male patient was referred to our clinic for a consultation request from gastroenterology clinic. He was admitted to hospital with dyspeptic symptoms and shortness of breath with exertion. According to his past medical history he experienced quick weight lose and fever three years ago. Diagnostic workup only yielded high 5-hydroxyindole acetic acid (5-HIAA) (71 mg/24 hours, upper limit of normal 20 mg/24 hours) and positive Indium pentetreotide (In-111) scanning test results at that time. However, explorative surgery and