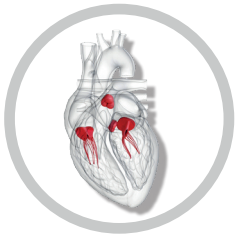

BÖLÜM **89**

Pulmoner Hipertansiyon Varlığında Peroperatif Hasta Yönetimi

Evren Müge TAŞDEMİR METE [1]

GİRİŞ

Pulmoner Hipertansiyon(PH); yüksek pulmoner arter basıncı(PAB) ve pulmoner vasküler rezistansın (PVR) eşlik ettiği, sonuçta sağ kalp yetmezliği (SKY) ile sonuçlanan klinik durumdur.[1] PH, sağ kalp fonksiyonları üzerindeki olumsuz etkisi nedeniyle sağ kalımı etkiler.

PH 5 grup altında sınıflandırılmaktadır. Sol kalp hastalıklarına bağlı PH (SoKH-PH) 2. grubu oluşturur ve en çok karşılaşılan alt gruptur. Prevelansı çalışmalarda ekokardiyografik tanı kriterlerinin farklılığı nedeniyle %23-80 arasında değişmektedir.[2] SoKH-PH yönetmek için altta yatan etiyolojinin tedavisinin optimizasyonu dışında spesifik kabul gören kesin tedavi mevcut değildir.

SoKH-PH nedenleri; kapak hastalıkları, iskemik kalp hastalıkları, ve sol kalp yetmezliğidir. (korunmuş ya da azalmış ejeksiyon fraksiyonu ile birlikte.[3] Semptomatik şiddetli mitral kapak hastalığının neredeyse tamamında, semptomatik aort darlığı hastalarının %60'ında, ciddi sol ventrikül sistolik disfonksiyonunun %60'ında, izole diyastolik disfonksiyonun %70'inde ve kalp yetmezliğinin %25 - %100'ünde PH ile karşılaşılmaktadır.[4]

PH; pulmoner yatakta yeniden yapılanmanın henüz gelişmediği izole postkapiller PH ve yeniden yapılanmanın olduğu kombine (Prekapiller ve Postkapiller) PH olarak karşımıza çıkabilir.[5] Tablo 1

Tablo 1: Pulmoner Hipertansiyon ve hemodinamik parametreler

İZOLE POSTKAPİLLER PHT	MAP > 20 mmHg PCWB >15 mmHg Diastolik Pulmoner Gradiyent(DPG) <7 mmHg PVR < 3 WU Trans Pulmoner Gradiyent(TPG) ≤12 mmHg
KOMBİNE (PREKAPİLLER ve POSTKAPİLLER PHT)	MAP > 20 mmHg PCWB >15 mmHg Diastolik Pulmoner Gradiyent(DPG) ≥ 7 mmHg PVR ≥ 3 WU TPG > 12 mmHg

PH kalp cerrahisinde önemli bir prognostik faktördür.[6] Hastalarda hemodinamik bozulma, SKY gelişimi, solunum yetmezliği, yoğun bakım tedavisinde uzama, hastane yatış süresinde artış

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