

# KARBONMONOKSİT ZEHİRLENMESİNDE TANISAL YÖNTEMLER VE AYIRICI TANI

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## Giriş

Karbonmonoksit (CO) renksiz, kokusuz, tatsız bir gazdır. Bu nedenle 5 duyumuzla ayırt etmemiz pek mümkün değildir. Zehirlenme sonrasında ortaya çıkan belirti ve bulgular da spesifik olmadığı için tanı koymak klinisyenler için zor olabilmektedir. Akut CO zehirlenmesi tanısı için asıl önemli olan, alınacak detaylı bir anamnez ve hekimin bu durumdan şüphelenmesidir.

Amerika Birleşik Devletleri'nde (ABD) her yıl 20.000-50.000 CO zehirlenmesi vakası görülmektedir<sup>(1)</sup> ve tedavisi her yıl yaklaşık 1,3 milyar dolara mal olmaktadır<sup>(2)</sup>. ABD'de CO zehirlenmesine bağlı toplam ölüm sayısı 1999 ile 2014 yılları arasında 1967 vakadan 1319 vakaya düşmüştür<sup>(3)</sup>. Almanya'da yapılan bir çalışmada ise son yıllarda ölüm hızında artış görülmüştür<sup>(4)</sup>. CO zehirlenmesinin klinik şiddeti; solunan havadaki CO miktarına, CO'ya maruz kalma süresine ve etkilenen bireyin genel sağlık durumuna bağlıdır<sup>(5)</sup>. Fetüs, bebek, çocuk, yaşlı, kardiyovasküler hastalığı olan hastalar, anemi, akciğer hastalığı ve hamile kadınlar CO zehirlenmesi durumunda diğer hastalara göre daha yüksek risk altındadır. CO zehirlenmesi tüm sistemler için zararlı olmasına rağmen, çoğu zaman santral sinir sistemi (SSS) ve kardiyovasküler sistem etkilenir.

## CO Zehirlenmesinde Tanı ve Klinik Değerlendirme

CO zehirlenmesinin klinik belirti ve bulguları, akut ve geç dönem olmak üzere iki kısımda incelenebilir.

**Akut dönem:** Yorgunluk, şiddetli başağrısı, baş dönmesi, bulantı, kusma, göğüs ağrısı, çarpıntı, efor dispnesi, nefes darlığı, dengesizlik, uyuşma, nöbetler, koma, solunum durması<sup>(6)</sup>.

**Geç dönem:** Rabdomiyoliz, kardiyojenik olmayan pulmoner ödem, multiorgan yetmezliği, yaygın damar içi pıhtılaşma, akut tübüler nekroz, inkontinans, mutizm, maske benzeri yüz ve geç nörolojik sekeller<sup>(7)</sup>.

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