



SUBARAKNOİD KANAMA VE ACİL YÖNETİMİ

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Subaraknoid kanama (Subaraknoid hemoraji) (SAK), nörolojik bir acil olup pia mater ile araknoid membran arasındaki subaraknoid boşluğa hemoraji olması sonucu ortaya çıkar.

EPİDEMİYOLOJİ

- İnsidans:** İnmelerin yaklaşık sadece %5'i SAK kaynaklı olup diğer inmelere göre göreceli olarak genç yaşlarda görülür (1). Görülme sıklığı kısmen az olup genetik farklılıklar ve tanı konulma farklılıkları nedeniyle her popülasyonda ve merkezde değişiklik göstermektedir. Genellikle insidans 100.000'de 6-7(2) olmasına rağmen Finlandiya ve Japonya' da 100.000'de 20 seviyelerine görülmektedir (3). Kadınlarda erkeklerden yaklaşık 1,24 kat fazla (4) daha fazla görüldüğü bilinmektedir. Ortalama görülme yaşı 50-60 yaş arasındır. Yaşlara göre cinsiyet bakıldığında 25-45 yaş arasında genç erkeklerde, 55-85 yaş arasında orta yaşlı kadınlarda ve 85 yaş üstü yaşlılarda erkeklerde insidansın fazla olduğu tespit edilmiştir (5).
- Prevalans:** SAK sonrası tespit edilen intrakranial anevrizmaların prevalansı yetişkinlerde %2-5 iken, rüptüre olmamış anevrizmaların anjiyografik çalışmalar ve otopsi sonuçlarında %3-4 arası görüldüğü raporlanmıştır (6).
- Mortalite ve Morbidite:** Mortalite ve morbiditesi yüksek kanamalardır. 6 aylık mortalitesi %60 olarak bildirilmiştir. SAK hastalarının %10-15'i ise henüz hastaneye ulaşmadan hayatını kaybetmektedir (7). Hastaneye ulaşan kişilerde ise gelişen tanı yöntemlerinin yanı sıra oluşturulan tedavi algoritmaları, hidrosetali ve gecikmiş serebral iskemide gibi komplikasyonların erken tanı ve tedavisi

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KAYNAKLAR

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