

ATLETİZM VE KARDİYOVASKÜLER SİSTEM HASTALIKLARI

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Atlet kalbi; devamlı ve düzenli fiziksel antrenman programıyla indüklenen, yavaş kalp hızı(HR) ve kalbin genişlemesi şeklinde tanımlanan, iki farklı ve spesifik etkiyle karakterize klinik bir tabloyu gösterir (1,2).

Atletlerde, spor müsabakalarına katılım öncesi yapılması gereken kardiyovasküler değerlendirmelerin içerik ve etkinliği uzun yıllardan beri tartışılmaktadır. Sporcularda saptanan pek çok değişiklik yoğun egzersiz sonucu oluşan atlet kalbinin fizyolojik bir komponentidir. Bununla birlikte, asemptomatik olan bir sporcuda nadir görülen bir majör kardiyak problem saptanabilmektedir. Ancak, bu kardiyovasküler anormalliğin saptanma oranı çok düşüktür. Bu nedenle, spora katılım öncesi muayenelerin amacı; olası en basit tetkiklerle kardiyovasküler anormalliği saptamak ve ani ölüm riskini en aza indirmektedir. Bunların saptanması için öncelikle ayrıntılı anamnez alınması ve fizik muayene önemlidir. Bu çalışmalar esnasında; kardiyovasküler hastalıklar hakkında şüphe oluşturabilecek fizik muayene bulguları ve anamnez bilgileri ayrıntılı bir şekilde değerlendirilip, gerektiğinde ileri kardiyak tetkikler istenmelidir.

Amerikan Kalp Derneği, sporculara yarışma öncesi ve 2-4 yıl aralıklarla kontrol önermektedir. Fizik muayene ve anamneze ilaveten 12 elektrotlu EKG çekimi ile yapılan rutin kardiyovasküler tarama, sistematik olarak tüm seviyedeki atletlerde,

sadece üç ülkede; Amerika, İsrail, İtalya'da yapılmaktadır. Fizik muayene ve anamnez alma ile birlikte rutin EKG çekilmesi konusunda çok farklı görüşler mevcuttur. İki stratejiyi karşılaştıran çalışmalarda, ilave EKG çekilmesinin mortaliteye katkısı gösterilememiştir (3).

Tanı

Klinik değerlendirme

Fizik muayene

EKG (çoğunlukla)

Ekokardiyografi (bazen)

Akciğer filmi (nadiren)

Efor testi (nadiren)

Düzenli egzersiz nedeniyle atletlerdeki kardiyak semptomların çoğu maskelenmektedir. Bu nedenle, ayrıntılı bir anamnez ve fizik muayene ile bazı bulgular saptanabilir. Bu değerlendirme sonucunda çoğunlukla ileri tetkik ve tedavi gerekmemektedir. Avrupa Kalp Cemiyeti düzenli olarak EKG çekimi önermesine rağmen ACC/AHA ise gerekli hastalarda istenmesini önermektedir. Fizik muayene esnasında üfürüm duyulan hastalarda ekokardiyografi önerilmektedir. Bu yapılan değerlendirmelerin amacı; atlet kalbi nedeniyle kalpte oluşan fizyolojik değişiklikler ile benzer özellik gösteren ölümcül aritmileri tetikleyebilen kardiyak problemlerin (hipertrofik kardiyomiopati, aritmojenik sağ ventrikül displazisi) ayırt edilebilmesidir (4).

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