

6. BÖLÜM

ATRIOVENTRİKÜLER SEPTAL DEFEKT

Gökhan BEKTAŞOĞLU¹

GİRİŞ

Atrioventriküler septal defekt (AVSD), atrioventriküler (AV) kanal defekti ya da endokardiyal yastık defekti ortak AV bileşke ile karakterize kalp anomalilerini içeren konjenital kalp hastalığıdır (1-5).

Morfoloji ve Anatomi

AVSD' deki kapak morfolojik olarak 5 yaprakçıktan oluşur bunlardan iki tanesi süperior (anterior) ve inferior (posterior) olarak adlandırılır ve ventriküler septumun üst kesiminde birbiriyle devamlılık gösterebilirler (Şekil 1). Birbirleriyle devamlılık göstermemeleri durumunda iki orifisli göstermemeleri durumunda ise tek orifisli AV kapak yapısı oluşur. Diğer yaprakçıklar; sağ anterosuperior, sağ inferior ve sol mural (lateral) yaprakçıklardır. İki orifisli kapak yapısının oluşması durumunda sol taraflı AV kapak 3, sağ taraflı AV kapak ise 4 yaprakçıktan oluşur. Süperior ve inferior yaprakçıkları bağlantısında açıklık olması “*kleft*” olarak adlandırılır. Ortak AV kapak ventriküler septuma (Ostium primum ASD) veya atrial septumun alt kısmına bağlanabilir (inlet VSD) ve bu parsiyel AVSD olarak adlandırılır (Şekil 2). Komplet AVSD de ise superior ve inferior yaprakçıkların birbirleri ile devamlılığı yoktur yani tek orifislidir. Hem ventriküler hem de atrial septumla bağlantılı olmaması sebebiyle de atrial ve ventriküler defekt mevcuttur (Şekil 2). Geçiş tipi veya intermediate tip olanda iki orifisli AV kapak

¹ Dr. Öğr. Üyesi, İstanbul Atlas Üniversitesi Tıp Fakültesi, Kardiyoloji AD, bektasoglu@yahoo.com

SONUÇ

Erken tanı ve tedavi ile çocukluk çağında zamanında yapılan operasyonlar sonucu uzun dönem sonuçları günümüzde oldukça yüz güldürücüdür. Erişkin kardiyojloji pratiğinde tanı almamış ve tedavi edilmemiş hastalara komplet AVSD hastalarına günümüzde rastlanmamaktadır. Çok nadir olarak primum ASD tanısı konulmaktadır. Uzun dönemde özellikle erişkin hasta takibinde, AV kapak yetersizliği ve çıkış yolu darlıklarının varlığı açısından dikkatli olunmalı, takipte AV blok gelişebileceği unutulmamalıdır.

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