



# BÖLÜM 37

## SOL VENTRİKÜL ANEVRİZMALARİ

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### GİRİŞ

Sol ventrikül anevrizmaları (SVA), ilk olarak 1951 yılında anjiyografik kanıtlarla rapor edilmiştir(1). Ventrikülün bir kısmının ince, skarlı fibröz doku ile yer değiştirmesi sonucu oluşan anevrizma, zayıflamış kas duvarının şişmesi ve dışarı çıkması olarak görülür. Bu kısım kasılmada yer almaz ve sistol esnasında dışarı doğru fırlatılır. SVA'nın konjenital ve kazanılmış birçok nedeni vardır, en yaygın olarak, genellikle ön duvarı içeren miyokard enfarktüsü sonucu görülür (2). Anevrizma asemptomatik olabilir veya kalp yetmezliği, sürekli ventriküler taşiaritmiler veya arteriyel emboli olarak ortaya çıkabilir ve ölüm veya ciddi morbidite ile sonuçlanabilir.

### ETİYOLOJİ

1954 yılında ilk defa Schlichter ve meslektaşları tarafından ventriküler anevrizma sebepleri sınıflandırılmıştır (3).

### Konjenital Anevrizma

Konjenital anevrizmalar sporadiktirler, büyük ve ince fibröz doku ile kaplıdır. %28'i SV apek-

sinde yerleşik iken %47'si perivalvuler bölgede yerleşim gösterir (4).

### Kazanılmış Anevrizma

**İskemik:** en sık nedendir. %85-90 anterior miyokard infarktüs (Mİ) sonrası görülür.

**Travmatik:** kaza veya cerrahi yara sonrası

**İnfektif:** infektif endokardit, romatoid ateş, septik emboli, tüberküloz, poliarteritis nodosa

**İdiyopatik:** Etiyolojisi bilinmeyen ventriküler anevrizma genellikle Afrikalılarda ve bazen de beyaz popülasyonda görülür. Anuler subvalvüler anevrizma şeklinde genellikle mitral halkaya yakın ortaya çıkar, mitral halkayı uzatır ve papiller kasın, korda tendinaların ve mitral kapağın uçlarının işlevini engeller.

**Diğer nedenler:** sistemik hipertansiyon, steroid ve nonsteroid kullanımı, Chagas hastalığı, sarkoidoz

SV anevrizmalarının en sık sebebi iskemidir, akut transmural miyokard infarktüs (STEMI) sonrası %30-35 oranında görülebilir (5). 2017 yılında yapılan bir çalışmada 15.000 kişinin yer aldığı popülasyonda SV anevrizması insidansı %7,6 saptanmış. SV anevrizması, ön duvar miyo-

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