

BÖLÜM 14

YOĞUN BAKIMDA COVID-19 VE KALP YETERSİZLİĞİ



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1. GİRİŞ

SARS-CoV-2 (şiddetli akut solunum sendromu koronavirüs 2) ilk olarak 31 Aralık 2019'da Çin'in Wuhan kentinde rapor edildi. Daha önce insanlarda tanımlanmamış olan SARS-CoV-2 yeni bir koronavirüs suşudur. SARS-CoV-2 virüsünün neden olduğu salgın hastalığa Dünya Sağlık Örgütü (DSÖ) tarafından COVID-19 adı verildi. Oldukça bulaşıcı bir hastalığa yol açan SARS-CoV-2 hızla tüm dünyaya yayıldı ve bu durum DSÖ tarafından 11 Mart 2020'de pandemi olarak ilan edildi. COVID-19 hastalığı dünya genelinde tekrarlayan salgın dalgalarına neden oldu.

2. EPİDEMİYOLOJİ

COVID-19 hastalığı bulguları, hafif solunum semptomlarından ciddi pulmoner ve kardiyovasküler komplikasyonlara kadar değişiklik göstermektedir. Hastalık daha çok solunum yollarını etkilemekte ve hastalar genellikle solunum yetersizliğinden kaybedilse de kardiyovasküler komplikasyonlar önemli ölçüde mortalite ile ilişkilidir. Bunun yanında kardiyovasküler hastalık (KVH) ve risk faktörleri olan kişilerde COVID-19'un daha ağır seyrettiği saptanmıştır (1). COVID-19, sistemik bir hastalığın birçok belirtisini gösterir ve kardiyovasküler sistem için önemli etkileri vardır.

Birçok çalışma, komorbid KVH'ların COVID-19'un daha şiddetli seyri ve yüksek mortalitesi ile bağlantılı olduğunu göstermiştir (1, 2). Konjestif kalp yetersizliği, COVID-19'da hem daha şiddetli bir seyir hem de yüksek mortalite için bir risk faktörü olarak tanımlanmıştır (2-5). Yapılan bir meta-analizde,

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