# BÖLÜM 20

## Santral Uyku Apne Sendromu

Veysi TEKİN[1]

## GİRİŞ

Uykuda solunum bozukluğu; horlama, obstrüktif uyku apnesi (OSA), santral uyku apnesi (CSA), solunumla ilgili uyarılmalar ve hipoventilasyon dahil olmak üzere bir dizi patolojik durumu içerir.

Santral uyku apne sendromu; solunum çabasının olmadığı, üst solunum yolu obstrüksiyonu olmaksızın tekrarlayan apne epizodları, desatürasyon, arousal'lar ve gündüz bulguları ile karakterizedir. Bazı tipleri alveoler hipoventilasyonla birliktedir ve hiperkapni oluşur, bazılarında da normokapni veya hipokapni oluşur (1).

Sonuç olarak santral apneler önemli komorbiditelere ve kardiyovasküler hastalık riskinde ciddi artışa sebep olabilir(2).

Yetişkinlerde santral uyku apnesinin en sık görülen iki nedeni, konjestif kalp yetmezliği ve opioidlerin kronik olarak kullanılmasıdır(3). Santral uyku apnesinin tanı ve tedavisinin bilinmesi bu hastalığa bağlı morbidite ve mortaliteyi ciddi şekilde azaltabilir.

SUAS ICSD-3 (International Classification of Sleep Disorders-3) tanımlamasına gore 8 alt grublara ayrılmıştır.

## 1. CHEYNE-STOKES SOLUNUMLA BİRLİKTE OLAN SUAS

Central sleep apnea-cheyne stokes respiration (CSA-CSR); santral apne ve hipopnelerin, tipik olarak artan ve azalan bir solunum modeli olarak tanınan hiperventilasyon periyotları ile değiştiği salınımlı bir ventilasyon paterni ile karakterize farklı bir bozukluktur (4).

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## 8-PREMATÜRLERİN PRİMER SUAS

Preterm infantlarda çok sık görülür. Yaşamın 2-7. günleri arasında apneler oluşur. Solunum merkezinin immaturitesi ile doğrudan ilişkilidir. Ventilatör desteği ve farmakolojik tedavi gerekebilir. Altta yatan komorbiditelerin varlığı, daha ciddi ve uzamış apnelere neden olur. Çalışmalarda <2500 gr infantların %25'i, <1000 gr olanların %84'ünde yenidoğan döneminde apne oluştuğu bildirilmiştir. Bebeklerin büyük kısmında 43. Haftayla beraber apneler kaybolur.

Çoğu premature yenidoğanda apneler, PSG'den ziyade neonatal yoğun bakım ünitesinde kardiyorespiratuar monitor aracılığıyla teşhis edilir. PSG yapıldığında apnelerin çoğunluğunun (%50-75) mikst apne olduğu, obstrüktif ve santral apnelerin %10-20 oranında görüldüğü tespit edilmiştir. Periyodik solunum paterni de görülebilir (27).

Tanı kriterleri: A+B+C+D

A. Doğum sonrası apne veya siyanoz epizotu veya uykuyla ilişkili santral apne, saturasyon düşüklüğü veya bradikardi gözlenmeli

B. Bebek preterm olmalı

C. PSG veya bir hastane veya evde aşağıdakilerden en az biri gözlenmeli

1-Tekrarlayan uzamış santral apneler

2-Toplam uykunun %5'inde periyodik solunum

D. Tablonun başka bir nedenle açıklanmaması gerekmektedir(24)

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