

## Bölüm 2

# PULMONER EMBOLİ

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### GİRİŞ

Pulmoner emboli (PE), pulmoner arterler ve dallarının trombüs ile tıkanmasıyla oluşmaktadır. PE, çoğunlukla derin ven trombozuna (DVT) eşlik etmektedir. PE ve DVT'nin birlikte görülmesi venöz tromboembolizm (VTE) olarak adlandırılmaktadır.

#### Epidemiyoloji

PE 3. en sık görülen kardiyovasküler hastalık olup, insidansı 100.000'de 100-200 arasındadır (1,2). 60 yaşından sonra insidansı belirgin olarak artmaktadır (3). Her iki cinste de görülme sıklığı benzerdir (3, 4). Kış aylarında daha sık görüldüğü bildirilmiştir ve bu durum fiziksel aktivitenin daha az olmasıyla ilişkilendirilebilir (4-6).

Nefes darlığı, plöretik göğüs ağrısı gibi karakteristik semptomlarla başvuranlar, asemptomatik seyredip rastlantısal tanı alanlar olabildiği gibi, şok ve ani ölümle de kendini gösterebilmektedir (2,7,8). Mortalite tedavi edilmeyen hastalarda yaklaşık %25-30'a kadar yükselmekte, tedavi edilenlerde ise %2-8'e gerilemektedir (9-13). Ölümcül seyredebilmesinin yanında, risk faktörü taşıyan kişiler iyi analiz edildiğinde önlenabilir de bir hastalıktır.

#### Risk Faktörleri

Endotel hasarı, hiperkoagülabilité ve staz Virchow triadını oluşturur ve bu faktörler damar içi pıhtılaşmadan sorumludurlar. VTE olgularının büyük çoğunluğunda bu faktörlerden birine neden olan edinsel ve/veya kalıtsal faktörler saptanmaktadır (4,14).

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madde ile perfüzyon sintigrafisi çekilmesi tanıda oldukça güvenilirdir (84). Spiral BT anjiyografide anne meme dokusu yüksek doz radyasyona maruz kaldığı için mümkünse sintigrafi tercih edilmelidir (85). Tedavide UFH ya da kiloya göre DMAH kullanılmalıdır (86,87). Trombolitik tedavi hayat kurtarıcı bir tedavi olup, Alteplaz kullanılan 28 gebe kadının dahil edildiği bir çalışmada trombolitik tedaviye bağlı komplikasyon oranı gebe olmayan popülasyonla benzer bulunmuştur (88).

**Kanser:** Kanserli hastalarda VTE riski sağlıklı popülasyona göre 4 kat, kemo-terapi alanlarda ise 6 kat artmıştır (89). DMAH ile tedavi tercih edilmekte olup, nöks riski nedeniyle kanserin aktif olduğu dönem boyunca uzatılmış tedavi önerilmektedir (90,91).

Sonuç olarak PE, mortalitesi yüksek bir hastalık olup; hızlı tanı ve tedavisi önem arz etmektedir. Günümüzde klinik risk değerlendirmeleri ve tanı yöntemleri daha kolay uygulanabilmekte, tedavi seçenekleri ise giderek artmaktadır.

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