

Bölüm 18

ÖZOFAGUS KAYNAKLI GÖĞÜS AĞRISI

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GİRİŞ

Non kardiyak göğüs ağrısı(NKGA) iskemik kalp hastalığına bağlı ağrıdan ayırımı bazen güç olan ve ayırım için bir dizi çalışma gerektiren tekrarlayan göğüs ağrısı olarak tanımlanır (1). Tekrarlayan göğüs ağrısı anlamlı şekilde yaşam kalitesini etkileyebilmekte ve sağlık tesislerinin devamlı kullanımı nedeniyle büyük bir ekonomik yük sebebi olabilmektedir (2).

NKGA etyolojisi için gerekli tetkikler öncesinde kardiyak nedenlerin mutlaka ekarte edilmiş olması gerekmektedir.

Hastanın öyküsü ve özellikleri kardiyak yada nonkardiyak ağrıyı birbirinden ayırmada güvenilir değildir (3). Yinede NKGA olan hastalar daha genç ve bayan olma eğilimindedir ve yaşla birlikte prevalansı azalmaktadır (5). Özofagus kaynaklı göğüs ağrısı(ÖKGA) olan hastalar göğüs ağrısını substernal yanma ve sıkma olarak tarif edebilirler. Ağrı kalp kaynaklı olan ağrıdan ayrıştırılmayacak şekilde sırta, boyuna, kollara ve çeneye yayılabilir (4-6).

ÖKGA en sık nedeni gastro-özofageal reflü hastalığı olup tahmini prevalans %30-60 arasındadır (7).GÖRH de PPI ile yüksek doz tedavi esastır. GÖRH dışı ÖKGA da özofageal dismotilite daha az rastlanan etyolojidir. Tedavide düz kas gevşeticiler, endoskopik olarak botulinum toksin enjeksiyonu yada peroral endoskopik myotomi ve cerrahi olarak Heller myotomi yapılabilir (8).Fonksiyonel göğüs ağrısı tanısı ÖKGA nedeni olabilecek tüm etyolojiler ekarte edildikten sonra Roma 4 kriterlerine göre konulur (9).

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Tablo 3. Özofagus Kaynaklı Göğüs Ağrısında Tedavi

Hastalık İlaçlı tedavi İlaç dışı tedaviler

GÖRH PPI Endoskopik Tedavi

Antireflü Cerrahi

Dismotilite Nitratlar POEM

Kalsiyum kanal blk Botulinium Enj

Simetropium Cerrahi Miyotomi

İpratropium

Fosfodiesteraz inh

Benzodiazepinler

Fonksiyonel Göğüs SSRI BDT

Ağrısı SNRI Hipnoterapi

TcA Biofeedback

Teofilin

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