

Bölüm

11

ARİTMİLİ HASTALARDA EGZERSİZ

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GENEL BAKIŞ

Bilinen aritmileri olan veya potansiyel olarak aritmojenik bir rahatsızlığı olan kişiler spor aktivitesine katılmak istediklerinde üç temel soruna açıklık getirmek gerekmektedir:

- Hayatı tehdit eden aritmi riski artmış mı?
- Spor sırasında aritmilere bağlı semptomlar nasıl kontrol edilir?
- Sporun aritmojenik durumun doğal ilerlemesi üzerindeki etkisi nedir?

Spor ve aritmiler arasındaki ilişkiye dair genel görüş altta yatan veya önceden var olan bir durum bağlamında çeşitli aritmiler için zemin oluşturduğudur. Düzenli ve yoğun egzersiz yapısal ve fonksiyonel adaptasyonlar nedeniyle atriyal, nodal ve ventriküler düzeyde aritmi gelişimine katkıda bulunabilir. Örneğin, düzenli egzersiz programları altta yatan mutasyonları olmayanlarda bile Aritmojenik Sağ Ventrikül Kardiyomyopatisi'nin ilerlemesini indükleyebilir veya hızlandırabilir.

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yükselmesine ilaveten sağ prekordiyal derivasyonlarda 1mm'den derin negatif T dalgası).

BrS'li çoğu kişi yaşamları boyunca asemptomatik kalır. Vakaların çoğunda olaylar uyku veya dinlenme sırasında, ateşli durumlar sırasında veya bazen sıcak çarpması nedeniyle meydana gelir. AKA veya aritmik senkop-tan muzdarip hastalara İEKD implante edilmelidir. Tetikleyici ilaçlardan ve elektrolit dengesizliğinden kaçınmak gerekir. Vücut ısısını 39°C altında tutmak gibi önleyici tedbirler önerilir (saunalar ve buhar odalarından uzak durarak; sıcak/nemli koşullarda spor yapmaktan kaçınarak; triatlon ve maraton gibi uzun süreli dayanıklılık sporlarından kaçınarak). Ateşli hastalık sırasında ateş agresif bir şekilde tedavi edilmelidir. BrS EKG paternine sahip asemptomatik hastalar ise vücut ısısını 39°C altında tutmak şartıyla tüm sporlarda yarışabilir (triatlon, maraton vb.).

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