

## GİRİŞ

Perikard, (potansiyel) bir boşluk olan perikardiyal boşlukla ayrılmış visseral ve parietal tabakalardan oluşan fibroelastik bir kesedir. Sağlıklı bireylerde, perikardiyal boşluk 15 ila 50 mL plazma ultrafiltratı içermektedir.

Perikard hastalıkları klinik olarak birkaç şekilde ortaya çıkmaktadır, bunlar: Akut ve tekrarlayan (rekürrent) perikardit, majör hemodinamik bozulma olmaksızın perikardiyal efüzyon, kardiyak tamponad, konstriktif perikardit, efüziv-konstriktif perikardit olarak sınıflandırılmaktadır.

Akut perikardit, perikardiyal kesenin inflamasyonu anlamına gelmektedir. Miyoperikardit veya perimiyokardit terimi, aynı zamanda miyokardiyal inflamasyonu da gösteren akut perikardit vakaları için kullanılmaktadır; miyoperikardit, yaygın perikardit ve normal ventriküler fonksiyonu olan vakalarda kullanılır; perimiyokardit ise, yaygın miyokarditi olan ve/veya ventriküler fonksiyonun azaldığı (yeni duvar hareketi anormallikleri veya azalmış sol ventrikül ejeksiyon fraksiyonu) vakaları tanımlamada kullanılmaktadır.

Akut perikardit; göğüs ağrısı, perikardiyal sürtünme sesi, EKG'de yaygın eyer şeklinde veya yukarı doğru içbükey ST segment elevasyonu ve perikardiyal efüzyon ile karakterize, sık görülen ve genellikle iyi huylu bir hastalıktır. Tanısal değerlendirmede oskültasyon, EKG, ekokardiyografi, inflamasyon bi-

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## Akut Perikarditlerde Prognoz

Akut idiyopatik veya viral perikarditli hastalar iyi bir uzun vadeli prognoza sahiptir. Kardiyak tamponad, akut idiyopatik perikarditli hastalarda nadiren görülür ve altta yatan malignite, tüberküloz veya pürülan perikardit gibi spesifik etiyojisi olan hastalarda daha sık görülmektedir.

Akut idiyopatik perikarditli hastaların yaklaşık %1’inde restriktif perikardit oluşabilir ve ayrıca spesifik bir etiyojije sahip hastalarda daha sık görülmektedir.

Kolşisin ile tedavi edilmeyen idiyopatik akut perikarditli hastaların yaklaşık % 15- 30’unda ya tekrarlayan (rekürren) ya da sürekli (incessant) perikardit gelişir. İmmün mekanizmalar, vakaların çoğunda birincil öneme sahip gibi görünmektedir ve “kronik otoreaktif” perikardit terimi kullanılmıştır. Tekrarlayan perikardit için risk faktörleri, non-steroid antiinflatuar ilaçlara yanıt eksikliği, kortikosteroid tedavisi ihtiyacı ve perikardiyal pencerenin oluşturulmasını içermektedir. Tekrarlayan perikarditin tedavisi ayrı olarak anlatılacaktır.

Cinsiyet ayrıca komplikasyon olasılığını da öngörebilir. 453 akut perikardit vakasından oluşan bir seride, kadınlarda komplikasyon riskinin erkeklere göre daha fazla olduğu bulunmuştur (29). Bu bulgunun olası bir açıklaması, kadınlarda otoimmün etiyojilerin (örn., bağ dokusu hastalıkları) daha sık görülmesi olabilir.

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