

Bölüm 21

COVID-19 VE MİYOKARDİT

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GİRİŞ

COVID-19 olarak da adlandırılan yeni bir patojen olan şiddetli akut solunum sendromu koronavirüs 2 (SARS-CoV-2) ile enfeksiyon ilk olarak Çin'in Wuhan kentinde Aralık 2019'da bildirilmiştir ve 2020 yılı Mart ayında Dünya Sağlık Örgütü (WHO) tarafından bir pandemi olarak kabul edilmiştir (1). SARS-CoV-2, *Coronavirinae* alt ailesine ait zarflı pozitif tek sarmallı ribonükleik asit (RNA) yapısından oluşan bir beta koronavirüstür (2) ve yarasalardan insanlara zoonotik bir bulaşmadan kaynaklandığına inanılmaktadır (3).

Birden fazla olası insandan insana bulaşma yolu tanımlanmış olsa da, aerosol ve damlacıklar yoluyla yayılmanın en yaygın olduğu düşünülmektedir (4). SARS-CoV-2 ile enfekte bireylerde en çok ateş, halsizlik, baş ağrısı, boğaz ağrısı, nefes darlığı, yorgunluk ve tat veya koku kaybı gibi hafif ila orta şiddette semptomlar gelişse de asemptomatik enfeksiyondan çoklu organ yetmezliği ve ölüme kadar uzanan bir klinik ile karşılaşılabilir. Hipertansiyon, diabetes mellitus, obezite, kardiyovasküler hastalık, akciğer hastalığı ve kanser gibi alta yatan komorbiditeleri olan hastaların, çoklu organ yetmezliği ile sonuçlanan daha ciddi hastalığa ilerleme olasılığı daha yüksektir (5).

Hastalarda ağırlıklı olarak solunum semptomları ve ciddi vakalarda akut solunum sıkıntısı sendromları gelişse de, COVID-19'un sayısız kardiyak be-

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