22.
BÖLÜM

MİYOKARDİT HAYVAN MODELLERİ

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Dünya Sağlık Örgütüne (DSÖ) göre dünya çapında yılda 400.000 kişi inflamatuar kalp hastalıkları sebebiyle hayatını kaybetmektedir. Epidemiyolojik postmortem çalışmalar miyokarditlerin beklenmeyen ve ani ölümlerin önemli bir sebebi olduğunu göstermektedir (1).

Miyokardit kalp kasının inflamatuar hastalığı olarak sınıflandırılmaktadır. Miyokardit tanısı histolojik, immunolojik ve immünohistokimyasal kriterler ile koyulur. 1986'de yayımlanan Dallas kriterlerine göre endomiyokardiyak biyopsi ile histolojik olarak miyokardit tanısı koyulabilmesi için, birbirine komşu kardiyomiyositlerde iskemi olmaksızın inflamatuar hücre infiltrasyonu ile birlikte nekroz veya dejenerasyon olması gerekmektedir. DSÖ'nün Marburg kriterlerine göre immünohistokimyasal olarak her mm^2 başına en az 14 lökosit bulunması gerekmektedir. Miyokardit etiyolojisinde enfeksiyoz ajanlar, sistemik hastalıklar, ilaçlar ve toksinler bulunmaktadır. Viral enfeksiyonlar miyokarditin en önemli sebebidir. Enterovirüs, adenovirüs, influenza virüsleri, insan herpes virüs tip 6, ebbstein barr virüs, sitomegalovirüs, hepatit c virüsü, parvovirüs tip B19 etken olabilir. Otoimmün miyokardit sadece kardiyak tutulum ile başlayabilir ya da sıklıkla sarkoidozda görülebilen ekstrakardiyak tutulum olarak karşımıza çıkabilir (2).

İnflamatuar kalp hastalıklarının hücresel ve moleküler mekanizmalarını anlamak için deneysel hayvan modelleri geliştirilmiştir. Genel olarak bu modeller enfeksiyöz ve non- enfeksiyöz olmak üzere iki kategoriye ayrılabilir. Enfeksiyöz modelde, insanlarda miyokarditle ilişkili olan Coxasckie virüs B3(CVB3) ve T. Cruzi gibi patojenler hayvan modelinde kardiyak inflamasyonu indüklemek

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