

PİL KONTROLÜNDE AHRE SAPTANAN HASTAYA YAKLAŞIM

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GİRİŞ

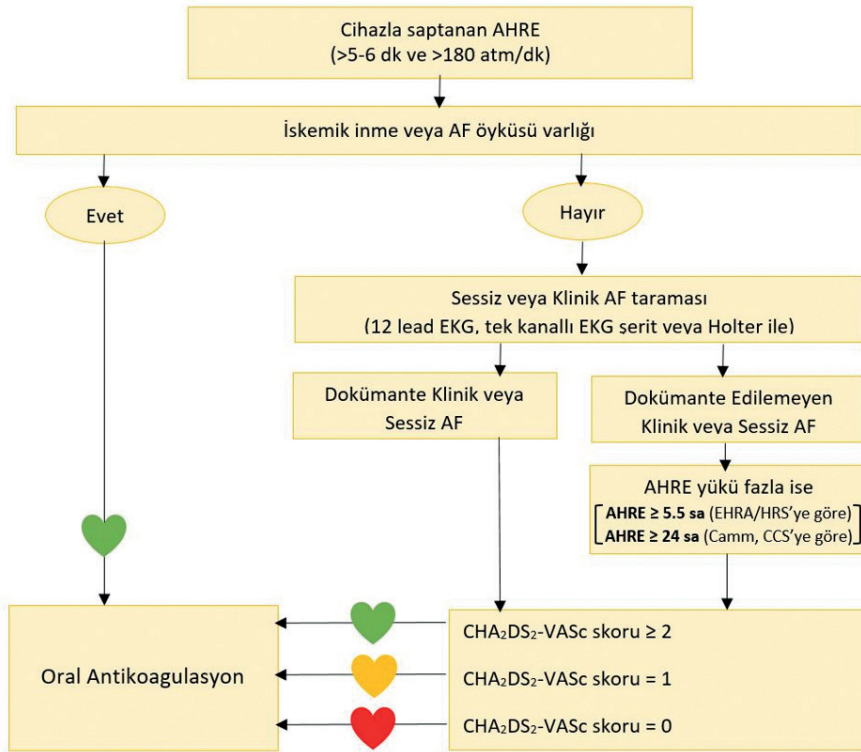
Kardiyak implante edilebilir cihazların(CIED) artmış kullanımı, bu cihazların atrial ritim takibindeki teknik ilerlemesi ile birlikte atrial disritmilerin çok kısa epizodlarını bile belirleyebilmesi son yıllarda bizim bu aritmileri anlayabilmemizi sağladı. Atrial leadi olan cihazlar atrial taşikardi, atrial flutter ve atrial fibrilasyon dahil atrial taşiaritmi ataklarını tespit edebilir. Genelde asemptomatik ve sadece CIED ile uzun dönem sürekli ritm izlemi tespit edilebilen bu ataklar atrial high-rate episodes(AHREs) olarak tanımlanır. AHRE, yüzey EKG ile tanı konulmuş asemptomatik paroksizmal atrial fibrilasyondan ayırt edilmelidir⁽¹⁾.

Atrial fibrilasyon ve serebrovasküler iskemik inme arasındaki ilişki uzun yıllardır bilinmektedir. Ancak 2016 ESC AF kılavuzunda AHRE saptandığında rutin antikoagulasyon önerilmemektedir⁽²⁾. Yine bu kılavuzda AHRE olan has-

talarda klinik AF'ye gidişin artmış riskte olduğu bildirilmiş; kalıcı pili veya ICD'si olan her hastanın AHRE açısından değerlendirilmesi ve AF'ye gidiş açısından dokümente EKG ile takibi sınıf 1 endikasyon ile önerilmektedir⁽²⁾. Ancak inme riskinin kısa epizodlu AHRE'de dokümente AF'ye göre belirgin bir şekilde az olduğu bildirilmiştir⁽¹⁾.

AHRE; Tablo 1 de gösterildiği gibi AHRE ile ilgili çalışmaların çoğunda atrial hız 175 veya 180'den büyük olarak tanımlanmıştır⁽³⁻¹³⁾, çok az çalışmada daha yüksek hız sınırı konmuştur (Tablo 1). EHRA(European Heart Rhythm Society)'nın 2017 cihazla tespit edilen atrial aritmiler uzlaşma raporunda ise AHRE ; cihazla saptanan atrial hızın dakikada 190 atımdan fazla olması olarak tanımlanmıştır⁽¹⁴⁾. Yine bu dokümanda cihazla tespit edilen atrial aritmiler için bazı temel tanımlamalar yapılmıştır(Tablo 2).

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Şekil 2: AHRE'de antikoagulasyon planlaması (yeşil kalp, verilmelidir; sarı kalp, verilebilir; kırmızı kalp, verilmelidir.) (14,24,34)

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