

## MİYOKARD ENFARKTÜSÜNÜN MEKANİK KOMPLİKASYONLARINA VAKA ÖRNEKLERİYLE YAKLAŞIM

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### GİRİŞ

Miyokard enfarktüsünün (ME) tüm dünyada önemli bir mortalite ve morbidite nedenidir. Akut miyokard enfarktüsünün (AME) mekanik komplikasyonları ise nadir ancak ölümcül klinik tablolardır. Perkütan koroner girişimin ortaya çıkmasından sonra sıklığı % 1'in altına düşmüşse de bu komplikasyonların hızlı tanı ve tedavisi şarttır. Çoğunda acil cerrahi yaklaşım gereklidir (1).

ME'nin en dramatik komplikasyonu ise enfarktüslü dokunun rüptüre olmasıdır. Bu enfarkta neden olan bölgeye bağlı olarak ventrikül serbest duvarında, interventriküler septumda veya papiller kaslarda olabilir (2).

Akut ME'nin komplikasyonları temel olarak iskemik, mekanik, aritmik, embolik ve inflamatuvar

(perikardit) komplikasyonlar olarak 5 başlık altında incelenebilir (Tablo 1). ME'ye bağlı ölümlerin çoğunluğu aritmiktir. Bununla beraber mekanik komplikasyonlar çok daha az görülmesine rağmen daha ölümcül seyretmektedir.

Miyokard enfarktüsünün mekanik komplikasyonları, iskemik kalp dokusunda meydana gelen anatomik ve patolojik değişikliklerin doğrudan sonuçlarıdır. Koroner oklüzyondan sonraki ilk 30 dakika içinde geri dönüşümlü değişiklikler meydana gelir. 30 dakika sonra iskemik nekroz başlar ve geri dönüşü olmayan hasar meydana gelir. 2-4 saat sonra ise kollateral dolaşıma, oklüzyonunun şiddetine-süresine ve oksijen sunum-ihtiyaç dengesine bağlı olarak miyokardiyal hücrelerin tam nekrozu oluşur. Miyokard viabilitesi, koroner oklüzyon başlangıcından 6-12 saat sonra kaybolur.

**Tablo 1. Akut miyokard enfarktüsü komplikasyonları (4)**

Komplikasyonlar	Tipleri
Mekanik komplikasyonlar	Kardiyojenik şok, SDR, VSR, akut MY ve gerçek LVA
Elektriksel komplikasyonlar	Bradyaritmiler, taşiaritmiler, dal blokları ve fasiküler bloklar
İnflamatuvar komplikasyonlar	Peri-enfarkt perikardit ve Dressler sendromu
İskemik komplikasyonlar	İnfarktüs sonrası anjin (uzamış enfarkt ve re-enfarkt)
Embolik komplikasyonlar	Mural trombus ve sistemik emboliler

SDR serbest duvar rüptürü; VSR ventriküler septal rüptür; MY mitral yetmezlik; LVA sol ventrikül anevrizması

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de tanı hayati önem taşır. Yüksek klinik şüphe ve ekokardiyografik inceleme çoğu zaman hayat kurtarır.

Mekanik ve medikal preoperatif tedavi optimizasyonu, ventrikül üzerindeki yükü azaltmaya ve kısa vadede kardiyak debiyi iyileştirmeye yardımcı olabilir, ancak uygun cerrahi müdahaleyi geciktirmemelidir.

Yüksek operatif mortaliteye rağmen, etkin bir medikal alternatifin olmaması, cerrahi müdahaleyi bu hastalar için tedavinin temelini yapar.

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