BÖLÜM 31

GEBELERDE AKUT KORONER SENDROMA VAKALAR EŞLİĞİNDE YAKLAŞIM

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1. GİRİŞ

Dünyada ve ülkemizde koroner arter hastalığı tüm nedenli ölümlerin önde gelen nedenidir[1,2]. Gebelik sırasında en sık görülen kardiyovasküler patolojihipertansif olaylardır (%5-10). Konjenital kalp hastalıkları gelişmiş ülkelerde (%75-82) ve romatizmal kalp hastalıklarıdagelişmekte olan ülkelerde (%56-89),gebelerdekalp hastalıklarının en sık nedenleri olarak görülmektedir[3,4]. Akut miyokart infarktüsü (AMI) nadir karşılaşılan bir durum olup her 16.000 doğumda bir görülür[5]. Nadir görülen bir durum olmasına rağmen önemli bir maternal mortalite nedenidir[5-8]. Son yapılan çalışmalarda akut koroner sendrom (AKS) sonrası maternal mortalite %11, fetal mortalite %9 civarında izlenmiştir[5].

Aterosklerotik koroner arter hastalığı, AKS'nin en sık nedeni olmasına rağmen gebelikte bu durum biraz farklıdır. Spontan koroner arter diseksiyonu (SKAD) en sık neden (%43) olarak görülmekle birlikte bunu aterosklerotik koronerarter hastalığı(%27) izler. Ateroskleroz olmadan intrakoroner trombüs tek başına görülebildiği gibi (%17), hiçbir anjiyografik bulguda saptanmayabilir (%11)[9].AKS yönetimi ve tedavisinde etiyolojinin saptanması önemli yer tutar. SKAD normal popülasyonda 100.000'de 0.26 oranında görülür ve oldukça nadirdir. Ancak bu durum gebelik döneminde oluşan akut koroner sendromun sık nedeni olduğundan patofizyolojisi ve tedavisinin iyi anlaşılıp bilinmesi gerekir[10]. Gebe hastalarda AKS tanı ve tedavisi diğer hastalarla benzer olup, özellikle ilaç tedavisinde farklılıklar bulunmaktadır.

2. VAKA

39 yaşında multipar, 32 haftalık gebe 1 gündür aralıklı devam eden, retrosternal bölgede yanma tarzında göğüs ağrısı ile acil servise başvurdu. Acil serviste çekilen elektrokardiyografisinde (EKG) belirgin iskemik özellik izlenmedi ve normal sinüs ritmi olarak değerlendirildi. Transtorasik ekokardiyografisinde (EKO) Ejeksiyon Fraksiyonu (EF): %55, Mitral yetmezlik minimal, septum apikalinde segmenter duvar hareket kusuru izlendi. Sağ boşluklar normal olarak görüldü. Özgeçmişinde Tip-1 Diyabetes Mellitus öyküsü ve sigara kullanımı dışında koroner arter hastalığı açısından ek risk faktörü bulunmamaktaydı.Trombotik eğilim oluşturacak bağ dokusu hastalığı, vaskülit, antifosfolipit antikor sendromu ve protein C, protein S eksikliği gibi kalıtsal trombofili öyküsü bulunmamaktaydı. İmmunolojik testleri negatif izlendi. Fizik muayenesinde patolojik bulgu izlenmedi. Bilateral alt ekstremiteler doğal izlendi, derin ven

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