BÖLÜM 86

TRANSÖZOFAGEAL EKOKARDİYOGRAFİ KOMPLİKASYONLARINA VAKALAR EŞLİĞİNDE YAKLAŞIM

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GİRİŞ

Kardiyak görüntülemenin yapıtaşı olan ekokardiyografinin tanı ve takip amacıyla kullanımı son yıllarda giderek artmıştır. Transözofageal ekokardiyografi (TÖE) transtorasik ekokardiyografinin (TTE) tamamlayıcısı olarak değerlendirilebilen, özellikle posterior kardiyak yapıların görüntülenmesinde TTE'den daha üstün olan, fakat yarı invaziv olması nedeni ile belirlenmiş endikasyonlarda kullanılan görüntüleme yöntemidir. Sıklıkla güvenli ve komplikasyonu nadir bir işlem olarak bilinmektedir.

Ayaktan hastaların TEE komplikasyonları sıklığı %0.2-%0.5, mortalite oranı da %0.01'in altındadır. İntraoperatif yapılan TÖE'lerde, hastaların sıklıkla genel anestezi altında olması, yutma reflekslerinin olmaması, ağrı yanıtı olmaması nedeni ile komplikasyon oranı biraz daha yüksektir [(1-4)]. Kallmeyer ve arkadaşlarının yaptığı tek merkezli çalışmaya, 7200 hasta dahil edilmiş ve intraoperatif TÖE yapılan hastaların komplikasyonları değerlendirilmiştir. Bu çalışmanın sonuçlarına göre intraoperatif TÖE yapılan hastalarda mortalite %0, morbidite %0.2 olarak tespit edilmiştir [(5)].

VAKA SUNUMU:

63 yaşında kadın, diyabetes mellitus, esansiyel hipertansiyon öyküsü mevcut hasta 1 haftadır ara ara olan çarpıntı şikayetinin artması üzerine acil servise başvurmuştur. Acil serviste değerlendirilen hastanın kardiyovasküler fizik muayenesinde: S1+ S2+ taşiaritmik, 2/6 sistolik üfürüm, solunum sesleri doğal, periferik nabızları açık, pretibial ödem izlenmedi. Vital bulgularında: oksijen satürasyonu %94, kalp hızı 156 atım/dk, kan basıncı 148/88, ateş 36.8 °C olarak izlendi. Diğer sistem muayeneleri doğal izlendi. Kronik hastalık öyküsü ve ilaç kullanımı sorgulandı. Acil serviste yüksek ventrikül hızlı atriyal fibrilasyon (AF) ve akut koroner sendom öntanısıyla troponin I ve ekg takibine alınan hastanın troponin değerlerinde hafif artış - Troponin I: 1.1 ng/ml (Troponin I referans aralık 0-0,06ng/ml) izlendi. Hastaya hız kontrolü amacı ile beta bloker verildi. Antikoagülan tedavisi başlandı. Hastaya yapılan transtorasik ekokardiyografide: Ejeksiyon fraksiyonu %62, sistolik ve diyastolik ventrikül çapları normal, 2. derece mitral yetmezlik, sol atriyum 4,1 cm, Spab: 28mmHg, kapak yapılarının da senil yapıda olduğu izlendi. Biyokimya ve tam kan değerlerinde, üre:45mg/dl, kreatinin: 0.9mg/dl, alanin aminotransferaz: 9U/L, aspartat aminotransferaz: 11U/L, beyaz küre sayısı: 9X10^3cells/uL, hemoglobin:12.3 g/l, platelet:198X10^3cells/uL, TSH: 1.6 µIU\ml olarak izlendi. Hastaya hız kontrolü sağlandıktan sonra risk faktörleri de mevcut olması nedeni ile koroner angiografi yapıldı ve minimal koroner arter

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- Hastaların herhangi bir duruma karşı, damar yolu hazır olmalı, ayrıca oksijen desteği ve acil resüsitasyon ekipmanı hazırda bulundurulmalıdır.
- Ağız içi çıkarılabilecek protezler çıkarılmalı, ısırmaya karşı koruyucu ekipman kullanılmalıdır.
- Önce TÖE probu mekanik sorun açısından mutlaka kontrol edilmeli, ardından prob kilitsiz poziyonda, kayganlaştırıcı jel kullanılarak ilerletilmelidir. Herhangi bir engelde asla zorlanmamalıdır.
- Hastaları standart konumlandırma ile ilgi çalışma mevcut değildir. Hastalar aspirasyon riskini minimuma indirmek için sol lateral poziyonda alınmalıdır. Hastaların baş poziyonları fleksiyona veya ekstansiyon alınarak uygun pozisyon değerlendirilebilir.
- Ayaktan hastalarda prob ilerletildiği sırada probu yutması istenmeli, kontrollü şekilde ilerletilmelidir. Entübe hastalarda ise probun laringoskop eşliğinde ilerletilmesi daha az mukozal hasara yol açar [83].
- Prob diş hizasından yaklaşık 40-50 cm ilerletilmelidir. Beraberinde nazogastrik tüp vb gibi görüntüyü engelleyebilecek veya bükülmeye sebep olabilecek materyaller mümkünse çıkarılmalıdır [84].
- Özellikle sürenin uzadığı entübe hastalarda işlem boyunca, termal veya basıncı sekonder hasarlara, ayrıca cerrahi sürecince gelişen hipotermi ve kan akımında azalma ve antikoagülan nedenli frajiliteye ve buna bağlı mukozal hasralara karşı dikkatli olunması önerilir.
- Sedatize edilmiş hastalar uyanana kadar monitorize izlenmeli, uyanık hastalarda ise lokal anestezik etkisi sonlanana kadar yeme ve içmeye izin verilmemelidir.

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