

D-Dimer Negatif Bilateral Masif Pulmoner Emboli

33

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GİRİŞ

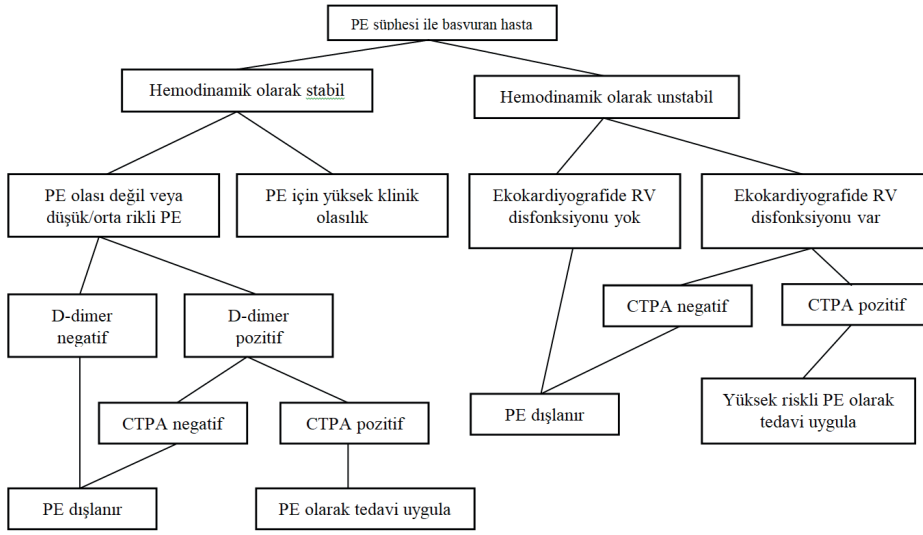
Akut pulmoner emboli (PE), venöz trombo emboli (VTE) 'nin, ani kardiyak ölüme dahi neden olabilen ve genellikle derin ven trombozu (DVT) kaynaklı en ciddi klinik tablosudur(1). Klinik prezentasyon, bazen yanlış tanı konmasına neden olan, diğer bazı durumların özelliklerini taklit eder(2)

PE risk faktörleri arasında obezite, immobilizasyon, sigara kullanımı, kanser, cerrahi, travma, gebelik, oral kontraseptifler veya hormon replasman tedavileri ve önceki PE veya bilinen bir pıhtılaşma bozukluğu öyküsü bulunur. Buna rağmen hastaların %30'unda herhangi bir risk faktörünün olmadığı ve hastaların yaş ortalamasının 56-66 arasında olduğu saptanmıştır(1).

PE tanısında en sık kullanılan skorlama sistemi Wells Skorudur (Tablo 1). Bu skorlama belirti, bulgu ve olasılıklar dahilinde ilgili hekim tarafından puanlama yapılmasıyla elde edilir(3).

Avrupa kardioloji cemiyeti (ESC) 2014 klavuzuna göre hemodinamik olarak stabil olan hastalarda ön değerlendirme skoruna göre plan yapılması önerilmektedir. PE olasılığı düşük ve orta riskli olan hastalarda D-dimer testi yapılması ve D-dimer sonuçları pozitif bulunursa BT anjiyografi çekilmesi önerilmektedir(4).D-dimer bir fibrin yıkım ürünüdür. D-dimer düzeyi; cerrahi, travma, enfeksiyon hastalıkları, böbrek patolojileri, sistemik lupus eritematozus ve covid-19 enfeksiyonu gibi birçok durumda yükselebilir. Bu sebeple D-dimerin poziti-

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Şekil 1. Pulmoner emboli yönetim şeması (31)

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