

Kritik Travma Hastalarında Patofizyolojik Değişiklikler

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1. Giriş

Macar endokrinolog Hans Selye, “Her stres silinmez bir iz bırakır ve organizma stresli bir durumdan sonra hayatta kalmasının bedelini biraz daha yaşlanarak öder” şeklinde stresi tanımlamıştır. Travma, organizmaların çoğunun yaşamları boyunca kaçınılmaz olarak karşılaştıkları şiddetli bir strestir (1). Travma uzun süreli sakatlığa veya ölüme neden olma potansiyeline sahip herhangi bir yaralanmadır. Düşmeler, motorlu araç çarpışmaları, bıçaklama yaraları ve ateşli silah yaralanmaları dahil olmak üzere künt ve delici büyük travmaların birçok nedeni vardır. Travmatik olaylara maruz kalma dünya çapında her yerde mevcuttur ve sağlık üzerinde çok ciddi etkileri vardır. Travma birçok şekilde olabilir ve etkisi duruma göre değişir. Nedenleri, sonuçları ve vücudun farklı yaralanma türlerine tepkisinde ortak bir tema, vücudun otonom sinir sistemini harekete geçirmesidir. Her insanın travmaya farklı tepki verdiğini ve altta

yatan kronik tıbbi durumların normal fizyolojik tepkileri değiştirebileceğini de belirtmek önemlidir (2).

2. Travma Tanımı ve Tipleri

Travma kelimesi; dış şiddetten kaynaklı yara, yaralanma, hasar anlamına gelen Yunanca travmatikos kelimesinden türemiştir (3). Günümüzde travma kelimesi aynı zamanda şok edici bir durumu tanımlamak için de kullanılmaktadır. Travma, yapısal değişiklik ve fizyolojik bozukluklarla karakterize, mekanik, termal, elektrik ve kimyasal enerjilerle oluşan veya oksijen ve ısı gibi yaşamın temel unsurlarının yokluğuna bağlı olarak ortaya çıkan yaralanmalardır. Travmatik yaralanma, acil tıbbi müdahale gerektiren ani başlangıçlı ve şiddetteki fiziksel yaralanmaları ifade eden bir terimdir. Yaralanma “şok travma” adı verilen sistemik şoka neden olabilir. Travma sonrası hayat ve ekstremitelere kurtarmak için acil resüsitasyon ve müdahaleler gerektirebilir (4).

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