

BÖLÜM 159

ENFEKTİF ENDOKARDİT

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TANIM

Endokardit, kalp kapaklarının ve kalbin iç zarının yani endokardiyumun enflamasyonudur. Enflamasyon çok çeşitli sebeplerle ortaya çıkabilir, ancak en sık nedeni enfeksiyöz ajanlardır. Sir William Osler 1885 yılında endokarditi “basit” ve “malign” olmak üzere ikiye ayırmıştır. Osler’in “basit” dediği klinik durum bugün “subakut” endokardit olarak adlandırılmaktadır. Subakut endokardit genel semptomlarla kendisini gösterir ve bu nedenle aylarca teşhis edilemez. Osler’in “malign” dediği form ise ani başlangıçlı ve fulminan gidişle kendisini gösteren “akut” enfektif endokardit (EE)’dir. Tanıda “akut-subakut” ayırımı yapmak zordur ve zaten tedavi prensipleri genellikle aynıdır. Bugün için, kliniğin başlangıç hızına bağlı olan bu tarihsel sınıflama (akut, subakut, kronik) artık güncelliğini kaybetmiştir. Bunun yerine kalp kapağının tanımı (protez veya doğal) ve enfeksiyonun

kaynağı (toplum veya sağlık bakımı esnasında edinilmiş) antibiyotik seçimi için yol gösterici olmaktadır.

EPİDEMİYOLOJİ

Tanı ve tedavideki gelişmelere rağmen son 30 yılda EE’in tanısı ve tedavisindeki zorluklar devam etmektedir. Yıllık EE insidansı ülkelere göre değişmekle beraber, 100.000’de 3-10 arasında değişmektedir. EE insidansının son yirmi yılda değişmediği kabul edilmektedir. Küresel olarak tüm dünyada yaklaşık 1,5 milyon insanın EE nedeniyle hayatını kaybettiği düşünülmektedir. Gelişmekte olan ülkelerde romatizmal kalp hastalığı hala EE olgularının 2/3’ünde en önemli risk faktörü olarak görünmektedir. Romatizmal kalp hastalığı ile ilişkili EE olguları gelişmiş ülkelerde azalmaya devam etmektedir. Gelişmiş ülkelerde artık enjeksiyonlu ilaç kullanımı, dejeneratif kapak hastalığı, konjenital kalp hastalığı, protez kapak

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