



İNFEKTİF ENDOKARDİT

Tuba TATLI KIŞ¹

GİRİŞ

İnfektif (İE) kalbin endokardiyal yüzeyinin (kalp kapakçıkları ve mural endokard) enfeksiyonu olarak tanımlanır. İnfektif endokardit nadir görülen bir hastalık olmasına karşın yüksek mortalite ve morbidite oranları nedeni ile günümüzde hala önemli bir sağlık problemidir (1). İE aşağıda belirtildiği gibi sınıflandırılır;

1. Hastalığın klinik olarak ortaya çıkış süresine göre akut, subakut, kronik İE: Hastalığın toplam süresi 6 haftadan kısa ise akut İE, 6 hafta ile 3 ay arasında ise subakut İE, 3 aydan uzun ise kronik İE
2. Tutulan bölgeye göre sağ kalp, sol kalp endokarditi: Pulmoner ve triküspit kapak tutulur ise sağ kalp endokarditi, aort ve mitral kapak tutulur ise sol kalp endokarditi
3. Kapak özelliğine doğal kapak, prostetik kapak endokarditi: Kalp kapak cerrahisinden sonraki bir yıl içerisinde görülürse erken prostetik kapak endokarditi, kapak cerrahisinden bir yıl ve/veya daha uzun süre sonra görülürse geç prostetik kapak endokarditi
4. Hastalığın edinildiği yere göre toplum kökenli ve sağlık bakımıyla ilişkili endokardit: İE'e bağlı semptom ve bulgular hastane yattıktan sonraki ilk 48 saat içerisinde başlar ise toplum kökenli İE, hastaneye yattıktan 48 saat ve daha sonra gelişir veya hastaneye yattıktan sonra girişimsel işlemler yapılan hastalarda taburculuktan sonraki ilk 8 hafta içinde gelişir ise sağlık bakımıyla ilişkili endokardit olarak adlandırılır.

¹ Uzm. Dr., SBÜ İzmir Suat Seren Göğüs Hastalıkları ve Cerrahisi Eğitim ve Araştırma Hastanesi, Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji, tubatatlili@hotmail.com

- Gingival veya periapikal bölge manüplasyonu gerektiren diş girişimleri ve oral mukoza perforasyonu durumlarında önerilmektedir.

Yukarıda belirtilen kardiyak risk faktörü olan hastalara yüksek riskli dental girişimden 30-60 dk önce önerilen profilaksi rejimleri şunlardır (16);

- Penisilin alerjisi yoksa ampisilin veya amoksisilin 2 gr p.o. veya i.v., tek doz
- Penisilin alerjisi varsa Klindamisin 600 mg p.o veya iv, tek doz

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