



SENKOP HASTASINA YAKLAŞIM

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GİRİŞ

Senkop Yunanca 'birlikte' anlamına gelen *syn* ve 'kesilme, ara verme' anlamına gelen *koptein* kelimelerinden türemiştir. Senkop, geçici global serebral hipoperfüzyondan kaynaklanan ve spontan iyileşme gösteren geçici bilinç ve postüral tonus kaybıdır. Serebral dolaşımın 6-8 saniye kesilmesi veya dik pozisyonda sistolik arter basıncının kalp seviyesinde 50-60 mmHg'ye, beyin seviyesinde 30-45 mmHg'ye kadar düşmesi geçici bilinç kaybı (TLOC) oluşması için yeterlidir (1, 2). En son önerilen tanımlama, postüral tonus kaybını hariç tutar çünkü bunun senkopu geçici bilinç kaybına (TLOC) sebep olabilecek epileptik nöbetler, hipoglisemi, metabolik bozukluklar, toksik inmeler ve diğer benzer nedenlerden ayırt etmede özel bir değeri yoktur. Senkop, uyarı olmadan aniden ortaya çıkabilir veya öncesinde baş dönmesi, mide bulantısı, terleme, görsel bulanıklık veya tünel görüşü gibi prodromal semptomlar sonrasında da ortaya çıkabilir. Senkop, hafif hastalıktan hayatı tehdit eden ciddi klinik tablolara kadar geniş spektrumunda bozuklukların ortaya çıkış bulgusu olabilir.

Serebral perfüzyon basıncı büyük ölçüde sistemik arteryel basınca bağlıdır. Sistemik arteryel basıncın ana bileşeni ise kardiyak debisi ve sistemik vasküler dirençtir. Kalp debisi venöz doluş bozukluğu, bradiaritmisi veya taşiaritmisi, kapak hastalıkları ve kalbin pompa fonksiyonunu bozan diğer nedenlere bağlı bozulabilir. Sıcak ortamlarda vazodilatasyona bağlı veya uzun süreli ayakta durma sırasında bozulmuş vasküler direnci artırma kapasitesine bağlı refleks senkop veya ortostatik senkop gelişebilir. Vazoaktif ilaçlar ve otonomik nöropatiler de senkopun önemli nedenlerindedir.

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tümörler veya özellikle aort darlığı gibi ciddi kapak hastalıklarında cerrahi tedavi tek seçenek olabilir. Akut miyokard enfarktüsü, pulmoner tromboemboli gibi durumlarda ise nedene yönelik tedavi uygulanmalıdır (26-30).

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