

BÖLÜM

39

SENKOP

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GİRİŞ

Senkop kısa süren bilinç kaybı şeklinde tanımlanabilir. Bilinç kaybını tanımlamak için önce bilincin ne olduğunu anlamak gereklidir. Bilinç, uyanık olma, kişinin kendisinin ve çevrenin farkında olma durumudur. Kişinin uyanık olması her zaman bilincinin açık, uyanık olmaması da kapalı olduğu anlamına gelmez. Açık bilinç, kişinin çevresiyle etkileşime girebileceği ve yer, zaman, kişi oryantasyonunun tam olduğu anlamına gelir. Uykuda uyaranlara tepki verilebilir olmamız uyku ile kapalı bilinci birbirinden ayırt eder. Bilinçte, santral sinir sisteminde retiküler aktivasyon sistemi (RAS) dediğimiz sistemin etkili olduğu bilinmektedir. ACC/AHA/HRS (*Kardiyopulmoner Resüsitasyon/ Acil Kardiyak Bakım Amerikan Kalp Derneği (AHA) Kılavuzu/ İlk Yardım için AHA ve Amerikan Kızıl Haç Kılavuzu*) kılavuzlarında, bilinç kaybı, kişinin belirli bir durumda kendi farkındalığından yoksun olması ile giden bilişsel bir durumdur (1,2,3).

Senkop nedenleri içinde koma, kafa travması, intraserebral kanama, felç gibi durumlar sayılabilir. Geçici bilinç kaybı, kendi kendini sınırlayabilir, ancak, nöbetler, hipoglisemi, metabolik bozukluklar ve ilaç veya alkol intoksikasyonu

gibi durumlarda senkoptan bahsetmek zordur. Hastalar daha sonra, halsizlik, mide bulantısı, çarpıntı, sersemlik ve görme değişikliklerini ya da önceden ayakta duruyorlarsa düşme gibi “pre-senkop” semptomlarının varlığından söz edebilirler. ESC kılavuzlarında, senkop, anormal motor kontrol ve kısa süreli yanıt kaybı ile birlikte bilinç kaybı döneminde amnezi olmasını kabul eder (3).

Hasta çoğu zaman olayların zamanını net olarak veremez. İyileşme kendiliğinden, tam ve hızlıdır. Bu durum, senkopu travma, felç, nöbet ve kardiyak arrest gibi durumlardan ayırt etmeye yardımcıdır. Bu semptomlar, nöbetten sonraki “postiktal” durumlarla karışabilir (4,5,6).

ETİYOLOJİ

Tüm senkoplar serebral perfüzyondaki azalma sonucu oluşmakla birlikte altta yatan birçok etiyojolojiye sahiptir. Etiyolojik sınıflama şu şekildedir (2,3):

Refleks Senkop

Vazovagal Senkop (VVS)

- Ortostatik vazovagal senkop
- Duygusal senkop

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bolik faktörler, beyin tümörü, kafa travması, ve santral sinir sistemi hastalıkları da yer almaktadır. Yaşlılarda en sık nöbetler ile birlikte bilinç ve mental değişiklikler olmakla beraber hızlı düzelen formlarında senkoptan ayıt edilemez. Ancak sonrasında postiktal konfüzyon görülmesi senkoptan ayırır.

Nöbetlerin geçici iskemik atak ve uyku bozukluklarından ayırt edilmesinde EEG'den yararlanılabilir. MR/BT incelemeleri enfarktler, vasküler malformasyonlar veya tümörleri göstermede yararlıdır. Ayırıcı tanıda senkop, narkolepsi, kataplepsi, pseudo nöbet, hareket bozukluğu ve migren gibi durumlar göz önünde tutulmalıdır.

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