



BÖLÜM 12

TEKRARLAYAN MİYOKARD ENFARKTÜSÜ İLE GELEN VAZOSPASTİK ANJİNA HASTASININ ZORLU TEDAVİ SÜRECİ: LİTERATÜR GÖZDEN GEÇİRİLMESİ

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ÖZET

Kalp kökenli göğüs ağrılarının daha nadir bir çeşidi olan vazospastik angina birçok faktörün tetiklemesi sonucunda koroner arterlerde darlığa neden olan damar aşırı duyarlılığının olduğu bir hastalıktır. Kalsiyum kanal blokerleri ve nitratları içeren tıbbi tedavi ile çoğu hastada yanıt alınmaktadır. Ancak bazı hastalar verilen tedavilere dirençli olabilmektedir. Nadiren koroner vazospazma bağlı olarak akut koroner sendromlar ve ölümcül aritmiler görülebilmektedir. Tedaviye dirençli bu hastalarda prognoz daha da kötü olabilmektedir. Burada tedaviye rağmen tekrarlayan ST elevasyonlu miyokard enfarktüsleri ile başvuran ve bir kez de ventriküler fibrilasyona bağlı kardiyak arrest gelişen hastayı sunduk. Tekrarlayan miyokard enfarktüsleri olması nedeniyle hastaya ikincil koruma amaçlı implante edilebilir defibrilatör yerleştirilip vazospazmik bölgelere stent yerleştirildi.

GİRİŞ

Koroner arter spazmı koroner bir segment veya segmentlerin bölgesel daralması, koroner kan akışının kısıtlanmasına ve miyokard iskemisine neden olan geri dönüşümlü bir durum olarak tanımlanabilir¹. Spazm spontan olarak ortaya çıkabileceği gibi kateter travması,² hiperventilasyon gibi fizyolojik manevralar^{3,4} veya bir dizi farmakolojik ajanın uygulanmasını takiben indüklenebilir⁵⁻¹⁴. Hem büyük epikardiyal koroner arterler hem de daha küçük intramiyokardiyal dallar etkilenebilir¹⁵. En yaygın olarak damarların kritik olmayan

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