Bölüm 10

KAZANILMIŞ KANAMA BOZUKLUKLARI

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Vaka

38 yaş, erkek hasta acil servise burun kanamasının durmaması ve vücudunda yaygın morluklar bulunması nedeni ile başvuruyor. Hikayesinde yaklaşık 6 ay önce spontan gelişen iliak venlere kadar uzanım gösteren sağ alt ekstremite derin ven trombozu (DVT) nedeni ile tromboembolektomi uygulandığını ve DVT etyolojik nedeninin tespit edilemediğini ifade ediyor. Tedavide 5 mg/gün kumadin kullanmaya başladığını bu dozda INR değerleri 2-3 aralığında seyrederken son 1 aydır yeni bir ilaç kullanmamasına ve yeşil sebze tüketimini azaltmamasına rağmen INR değerinin çok yükseldiğini ifade ediyor. Son 2 aydır da karın ağrısı, bulantı, halsizlik şikayeti olduğunu ifade ediyor. Özgeçmişinde 8 yaşında iken ITP nedeni ile 2.5 ay kadar steroid tedavisi aldığını sonrasında hastalığının tekrarlamadığını ifade ediyor. Acil servise kabulde fizik muayene bulguları; bilinci açık, koopere oryante, deride yaygın ekimozlar ve nadir peteşiler izleniyor. A: 36.2 N: 88/dk, TA: 120/80 mmHg C, N: 88/dk, TA: 120/80 mmHg Yaygın abdominal hassasiyet mevcut ancak rebound ve defans negatif olarak tespit ediliyor. Organomegali izlenmiyor. Diğer sistem muayenesi doğal olarak gözleniyor. Acil serviste yapılan ilk tetkiklerinde Wbc: 11700/mm3, Hb:10, g/dl, MCV: 90 fl Plt:3.000 Sedim: 50 mm/s, AST:28 U/L, ALT:39 U/L, ALP:256 U/L, LDH:257 U/L GGT 257 U/L, GGT:88 U/L, T. Prot: 7,7 g/dl, Albumin 2,9 g/dl, T. bilirubin 0,83 mg/dl INR:

Sonuç: Edinilmiş kanama bozuklukları, çeşitli etiyolojileri olan heterojen bir durum grubunu kapsar. Laboratuvar testlerinin anlamlı bir şekilde yorumlanması ve uygun tedavi için ayrıntılı bir öykü ve tam bir fizik muayene şarttır. Kanama, genellikle sistemik hastalığın bir tezahürüdür ve bu nedenle multidisipliner bir takım yaklaşımı gerektirir.

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