

BÖLÜM 22

Obstrüktif Uyku Apne Tedavisinin Başarısızlık Nedenleri

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GİRİŞ

Obstrüktif Uyku Apne sendromu (OUAS) uyku sırasında tekrarlayan tam (apne) veya kısmi (hipopne), üst solunum yolu obstrüksiyonu atakları ile karakterize bir hastalıktır(1). Üst solunum yolu obstrüksiyonu sonucu sıklıkla kan oksijen satürasyonunda azalma ve uyku bölünmesi görülür. OUAS prevalansının orta yaş(40-60) erkeklerde %4-8 arasında değiştiği saptanmıştır(2). Obezite sıklığının artması nedeniyle OUAS'unda sıklığı artmaktadır(3). Tedavi edilmeyen OUAS hipertansiyon, aritmi, koroner kalp hastalığı, inme, ani kardiyak ölüm gibi kardiyovasküler hastalıklar ile ilişkili saptanmıştır(4). OUAS ayrıca mortalite ve morbidite ile sonuçlanabilen trafik kazalarına neden olabilir(5). Obstrüktif uyku apne sendromu tedavi edilmezse pek çok olumsuz durumla karşılaşılması kaçınılmaz olacaktır. OUAS'ta tedavisinin hedefleri apne, hipopne ve gece desatürasyonlarının engellenmesi, gündüz uykululuğun giderilmesi, kardiyovasküler, nörolojik olumsuzluklardan kaçınmak, oluşabilecek trafik kazalarının önüne geçilmesidir. Bu amaçla pozitif hava yolu basıncı tedavisi, kilo verilmesi, yatış pozisyonu tedavisi, ağız içi araç uygulaması, cerrahi tedaviler, alkol ve sigaranın bırakması önerileri ile birlikte bütünsel değerlendirilmesi gerekmektedir. Bu bölümde OUAS için altın standart tedavi kabul edilen pozitif hava yolu basıncı tedavisi başarısızlığı nedenleri irdelenmiştir.

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