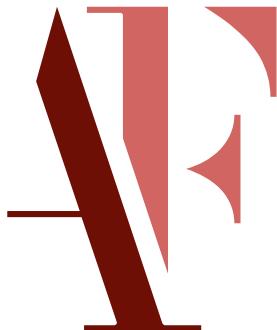


# BÖLÜM 10



## Transtorasik Ekokardiyografi

Çağlar KAYA<sup>1</sup>

### GİRİŞ

Atrial fibrilasyon (AF) toplumda sık karşılaşılan, klinik uygulamalarımızda çok sık gördüğümüz ve dünya çapında 30 milyondan fazla hastayı etkileyen bir ritim bozukluğudur (1, 2). Bilindiği üzere yaşla birlikte artan bu ritim bozukluğu yaşlı nüfusun artmasıyla da hasta sayılarındaki artışla karşımıza çıkacaktır.

Atrial fibrilasyon' un kalp yetersizliği, inme ve kardiyovasküler mortalite ile ilişkili olduğu bilinmektedir (3). Sistemik tromboemboliler ve komplikasyonlarının yanı sıra hastaların egzersiz kapasitelerini de etkileyerek yaşam konforlarını oldukça bozmaktadır. Bu halk sağlığı probleminin tanı ve tedavisi oldukça önemlidir. Temel tanı yöntemleri elektrokardiyografi (EKG) olup hastaların tanı sonrasında etyolojiyi değerlendirme, kalp yetersizliği ve tromboemboli risklerinin belirlenmesinde görüntüleme teknikleri de kullanılmaktadır. Özellikle risk sınıflaması ve kardiyak fonksiyonların değerlendirimesinde ekokardiyografik teknikler önemli rol onamaktadır (4).

Sol ventrikül boyutları, sistolik-diyastolik fonksiyonları, sol atrium (SA) boyut ve yapıp değerlendirmesi için ilk yapılması gereken 2 boyutlu transtorasik ekokardiyografi (2B-TTE) değerlendirmesi olmalıdır. AF hastalarında mekanizmaların belirlenmesinde, ablasyon planlanana hastaların yönetiminde ve sol atrial apendiks kapama işlemlerinin planlanmasında transtorasik ekokardiyografi önemli rol oynamaktadır.

Atrial fibrilasyon hastalarının klinik değerlendirmeleri sonrası ekokardiyografik değerlendirmede, Sistolik ve diyastolik fonksiyonların değerlendirilmesi, sol atrium yapı ve fonksiyonların değerlendirimesi ve sol atriyal apendiks yapı ve fonksiyon değerlendirimesi olarak değerlendirilebiliriz.

### ETİYOLOJİ VE RİSK DEĞERLENDİRMESİ

Atrial fibrilasyon fonksiyonel ya da yapısal bir kalp hastalığı sonucu gelişebilir. Hastaların hastaneye başvurularında semptomatik ya da

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