

BÖLÜM 11



Transözefageal Ekokardiyografi

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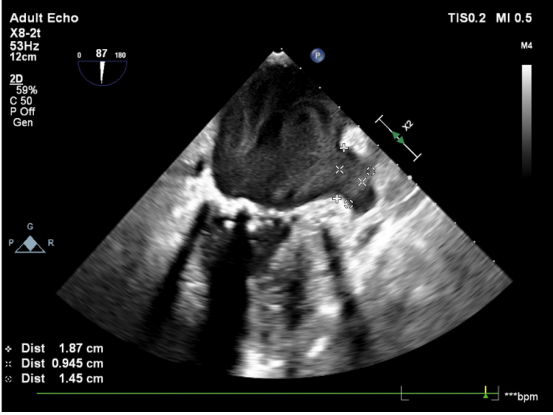
GİRİŞ

Ekokardiyografik görüntüleme, atriyal fibrilasyonu (AF) olan hastalarda etiyojini ve tedavi yöntemini belirlemede önemli bir yere sahiptir. AF tanısı konan hastalarda; atrium ve ventrikül boyutları, sol ventrikül ejeksiyon fraksiyonu, ventrikül duvar kalınlıkları, valvüler lezyonlar olası etiyojine yönelik fikir verebilir. Bu parametreler transtorasik ekokardiyografi (TTE) ile kolaylıkla değerlendirilebilir, ancak intra-atriyal trombüslerin değerlendirilmesinde TTE'nin duyarlılığı düşüktür. Transözefageal ekokardiyografide (TEE) ise; 3-7 MHz frekans aralığına sahip multiplanar prob kullanılmakta olup, özefagusu yerleştirilmesi sayesinde kalbin posterior yerleşimli yapıları (atriumlar, interatriyal septum, pulmoner venler) daha net görüntülenebilmektedir (1,2). TEE; kardiyak embolilerin kaynağını belirlemede ve kardiyoversiyon, kateter ablasyon veya sol atriyal apendiks kapama gibi tedavi yöntemlerinin öncesinde/sırasında sıkça başvurulmuş bir yöntemdir.

KARDİOVERSİYON VE TEE

Hemodinamisi stabil akut AF hastalarında; atriyal fibrilasyon süresi 48 saatten uzun veya bilinmiyorsa, en az 3 hafta etkin antikoagülasyon sağlandıktan veya TEE ile sol atriyal trombüs dışlandıktan sonra kardiyoversiyon önerilmektedir (3,4). ACUTE (Assessment of Cardioversion Using Transesophageal Echocardiography) çalışmasında, 48 saatten uzun süren AF nedeniyle başvuran hastalar iki gruba ayrılmış; bir gruba 3 hafta terapötik dozda (International Normalized Ratio -INR- 2 ile 3 arasında olacak şekilde) varfarin tedavisi verildikten sonra, diğerine ise TEE ile trombüs dışlandıktan sonra elektriksel kardiyoversiyon yapılmış ve sekiz haftalık takipte, embolik komplikasyon gelişme sıklığı iki grup arasında benzer bulunmuştur (5). Yapılan başka prospektif çalışmalar da bu veriyi desteklemektedir (6-8). Erken dönemde kardiyoversiyon yapılan hastalarda; kısalmış antikoagülasyon süresine bağlı daha az kanama görülmesi (5) ve atriyal yeniden şekillenme süresinin kısa olması (9,10) TEE'nin avantajı olarak değerlendirilmektedir.

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Şekil 5. Sol atriyal apendiks kapama planlanan bir hastada apendiks boyutlarının ölçümü

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