BÖLÜM 18

AF İlişkili İnme Yönetimi

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GİRİŞ

Atriyal fibrilasyon (AF), yüksek oranda kardiyovasküler ve serebrovasküler morbidite ve mortaliteye sebep olan, yüksek sağlık bakım maliyeti ve halk sağlığı yükü ile sonuçlanan başlıca kardiyak ritim bozukluklarından biridir. Koordine olmayan atriyal aktivasyon ve sonuç olarak etkisiz atriyal kasılma ile meydana gelen supraventriküler taşiaritmi olarak tanımlanır (1). Kalp yetmezliği yanı sıra inme ve demans gibi morbiditesi yüksek nörolojik hastalıkların başlıca önlenebilir nedenlerinden biri olması bakımından da AF'nin saptanması ve tedavi edilmesi konusu oldukça önemlidir dolayısıyla AF ilişkili inme yönetimindeki en önemli basamak hastalığın tespiti, etkin tedavisi ve böylelikle inmenin risk ve insidansının mümkün olabildiğince azaltılmasıdır.

AF sıklıkla asemptomatiktir ve diğer supraventriküler taşikardilerin aksine 12 paroksismal AF atağından sadece 1'inin semptomatik olduğu tahmin edilmektedir (2). Bununla birlikte, semptomatik AF ile karşılaştırıldığında, asemptomatik hastalar inme açısından benzer veya hatta daha yüksek olumsuz sonuç riski altındadır (3). Klinik sonuçları olumlu yönde etkilediği henüz kanıtlanmadığı için yetkililer rutin AF taranmasını resmi olarak önermemiş olsa da, AF taraması birçok uzman tarafından önerilmiştir (4, 5). Nüfusun yaklaşık %1'inde AF vardır, ancak prevalans yaşlılarda 10'da 1'den fazladır (6).

AF en önemli kardiyoembolik inme sebeplerinden biridir. Ayrıca AF tedavisinde kullanılan antikoagülan ajanlar nedeniyle hemorajik inmede de önemli bir sebep olarak karşımıza çıkmaktadır. Kardiyoembolik inme tüm iskemik inmelerin yaklaşık %20-30'unu oluşturur ve yüksek gelir grubu ülkelerde bile HT, dislipidemi ve DM gibi kronik hastalıkların iyi derecede tedavisine rağmen yaşlı nüfus artışı ve AF'nin yaşlı popülasyonda daha sık görülmesi nedeniyle insidansı hâlâ katlanarak artış göstermeye devam etmektedir. Kardiyoembolik inmede AF, mekanik protez kapak, sistolik kalp yetmezliği, patent foramen ovale, sol atriyal veya ventriküler trombüs oluşumuna yol açan hastalıklar,

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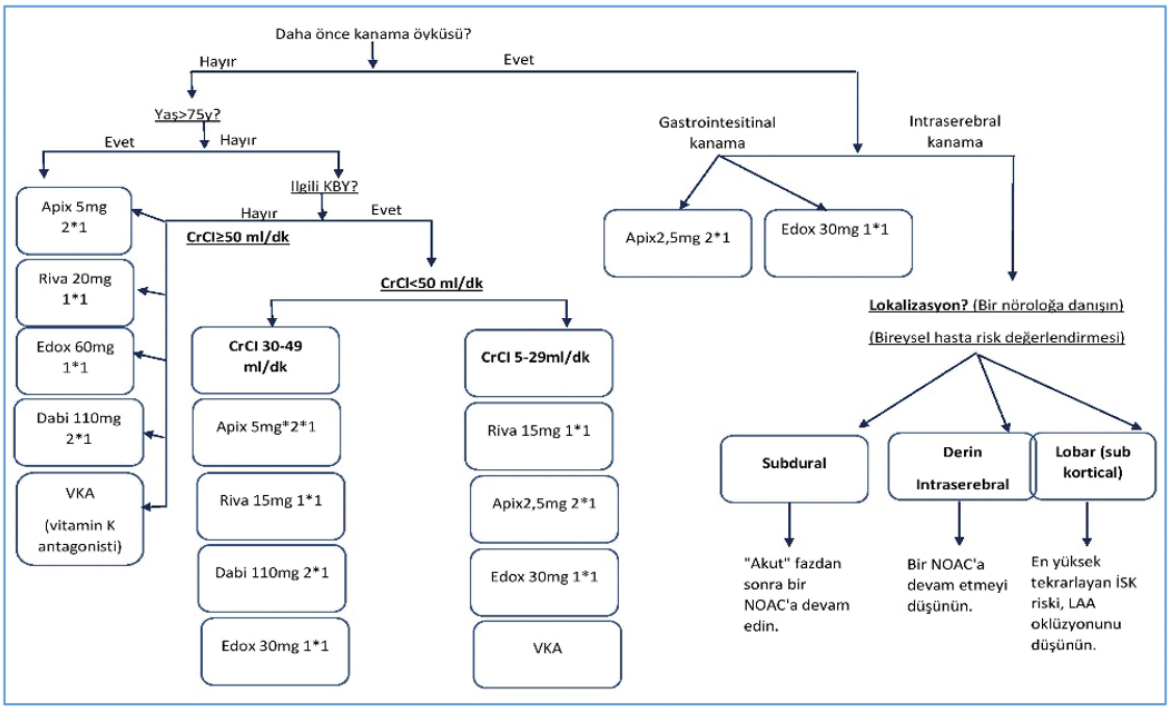

Şekil 3.'Özel' AF popülasyonlarında OAC seçimi

defa inme geçiriyormuş gibi yeniden incelenmeli, inmenin başka bir nedenden kaynaklanıp kaynaklanmadığı araştırılmalı, tüm risk faktörleri tekrardan değerlendirilmelidir.

SONUÇ

AF ilişkili inme yönetiminde yüksek riskli gruplarda riskin tahmin edilmesi, hastalığın taranması, tanısı ve antikoagülan tedavinin güncel kılavuz önerileriyle başlanması kadar, akut inme esnasındaki tutum ve inme sonrasındaki sekonder proflaksideki iskemi rekürrensi ve hemorajik transformasyon arasındaki dengenin sağlanması böylelikle kötü nörolojik sonuçlardan mümkün olduğunca kaçınılması önemlidir. AF ile birlikte diğer değiştirilebilir risk faktörlerinin de tespit edilip uygun tedavinin verilmesi ayrıca hekimlerin tedavi kılavuzlarına, hastaların da tedavi protokollerine uyumunun arttırılması gerekmektedir.

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