

## BÖLÜM 22



# Endokrin Hastalıklarda Atriyal Fibrilasyon Yönetimi

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### GİRİŞ

Hormonlar, kalp de dahil olmak üzere birçok organın işlevini sürdürmesinde görevli olan güçlü endojen düzenleyicilerdir. Kalp fonksiyonunu düzenleyen hormonlar, miyokardiyal performansı desteklemek için uyum içinde çalışır. Endokrin bozukluklar sonucu meydana gelen hormonal değişiklikler ve elektrolit bozuklukları, atriyal fibrilasyonun (AF) da dahil olduğu birçok kardiyak aritmiyi tetikleyebilir. Aynı zamanda bazı endokrin hastalıklar sonucu kalpte oluşan yapısal değişiklikler, uzun vadede aritmilere zemin hazırlayabilir.

AF, yetişkinlerde en sık görülen kardiyak aritmidir. 20 yaş ve üzeri yetişkinlerdeki prevalansı yaklaşık %3 olarak saptanmıştır. Yaşlılarda ve kronik hastalığı olanlarda daha sık görülmektedir. Tüm nedenlere bağlı ölüm riskini kadınlarda 2 kat, erkeklerde 1.5 kat arttırdığı gösterilmiştir.<sup>1</sup>

Bazı endokrin hastalıklar ile AF arasındaki yakın ilişki iyi bilinmektedir. Tiroid bozuklukları, diyabetes mellitus, obezite, feokromosito-

ma, adrenal korteks hastalıkları gibi endokrin bozukluklarda elektrolit bozukluklarının, değişmiş glukoz ve hormon seviyelerinin, yapısal ve elektriksel yeniden şekillenmenin gelişimine katkıda bulunduğu düşünülmektedir.

Bu bölümde hipofizden, adrenal bezlerden, yağ dokusundan, pankreastan ve tiroid bezinden salınan hormonların atriyal yapı ve elektriksel aktivite üzerindeki rolüne değinilecek ve endokrin bozukluklarda atriyal fibrilasyonun yönetimi ile ilgili öneriler ele alınacaktır.

### DİYABETES MELLİTUS

Diyabetes mellitus, hiperglisemi ile karakterize, insülin salınımı veya etkisindeki bozukluklardan kaynaklanan, çeşitli organlarda tutulumuna neden olup akut ve kronik komplikasyonlarla seyredabilen kronik metabolik bir bozukluktur.

Tip 1 diyabetes mellitus (T1DM), insülin üreten pankreas beta hücrelerinin immun veya nonimmun aracılı kronik yıkımından kaynaklanan mutlak insülin eksikliği ile seyreden bir hastalıktır. Tip 2 diyabetes mellitus (T2DM) ise,

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## CUSHİNG SENDROMU

Kortizol, strese yanıtta hayati önem taşıyan ve insan vücudundaki çok çeşitli homeostatik işlevleri düzenleyen bir steroid hormondur. Çeşitli nedenlerle oluşan anormal derecede yüksek kortizol seviyeleri Cushing sendromuna (CS) yol açabilir.

En sık görülen nedeni, uzun süreli glukokortikoid kullanımına bağlı, iyatrojenik CS'dur. Daha nadir görülen endojen kaynaklı CS ise ACTH bağımlı veya ACTH bağımsız olarak iki grupta sınıflandırılır. ACTH bağımlı olan tipinde (Cushing Hastalığı) hipofiz veya hipofiz dışı dokulardan fazla miktarda ACTH salınımına bağlı hiperkortizolemi mevcuttur. ACTH bağımlı olmayan CS ise, primer adrenal bez kaynaklı patolojiler (adenom, karsinom veya nodüler adrenal hiperplazi) sonucu gelişir. En yaygın klinik belirtileri, aydede yüz, santral obezite, hipertansiyon, amenore, hirsutismus, kolay zedelenme, abdominal stria ve osteoporozdur.

CS'li hastalarda AF olasılığının yüksek olduğu bulunmuştur.<sup>63</sup> Ancak kortizolün AF ile nedensel ilişkisi henüz tam olarak aydınlatılmamıştır. Cushing sendromunda görülen hipertansiyon, obezite, diyabet gibi metabolik bozukluklar ve muhtemel elektrofizyolojik etkiler AF gelişimi için potansiyel risk faktörleridir.<sup>64</sup> Arteriyel hipertansiyon, en yaygın komorbid durumdur. Sol ventrikül hipertrofisi için iyi bilinen bir faktör olmasının yanında hipertansiyonu olmayan CS hastalarda da artmış LVH prevalansı, konsantrik yeniden şekillenme ve sol ventrikül sistolik/diyastolik disfonksiyonu gözlenmiştir.<sup>65</sup>

Yüksek dozlarda kortikosteroid ( $\geq 7.5$  mg prednizon ve eşdeğeri) alan hastalarda başta metilprednizolon olmak üzere kortikosteroidlerin AF riskini artırdığı bulunmuştur. Kortikosteroidlerin aritmojenik etkisi sodyum-su tu-

tulumu ve potasyum akışındaki değişikliklerle açıklanmıştır.<sup>66</sup> Uzun süreli ve yüksek dozlarda kortikosteroid kullanımı, tümü AF için risk faktörü olan hipertansiyon, sol atriyal genişleme ve konjestif kalp yetmezliği ile sonuçlanabilir.<sup>67</sup> Bu hastaların nasıl yönetileceği ile ilgili veriler kısıtlıdır ancak, tedavi öncesi ve sonrası EKG ile izlem, oluşabilecek elektrolit bozuklukları açısından takip ve hastada AF risk faktörlerini belirli periyotlarla değerlendirmek ve kontrol altında tutmak faydalı olabilir.

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