

BÖLÜM 29



Genç Hastalarda Atriyal Fibrilasyon

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GİRİŞ

Atriyal fibrilasyon (AF) günümüzde en sık görülen kardiyak aritmidir (1). AF, kardiyovasküler mortalite ve morbidite artışı ile ilgili bulunmuş olup diğer hastalıklar için de kötü prognostik göstergedir (2). Genellikle ileri yaşta görülmesine rağmen genç hastalarda da görülebilmektedir. Bu hastalığın prevalansı 80 yaş üstündeki hastalarda %10'dan fazla olup 30 yaş altındaki hastalarda %0.05 olarak tespit edilmiştir (3). Genç popülasyonda sıklıkla konjenital ve yapısal kalp hastalıkları alta yatmaktadır (3, 4). Genç hastalarla ilgili spesifik kılavuzlar olmayıp bu hastaların yönetimi erişkin kılavuzlarındaki ile aynı şekildedir.

TANI

Atriyal fibrilasyonun başlangıcı yaş ve komorbiditelere bağlıdır. Genç hastalarda paroksizmal AF sık görülen tip olsa da 60 yaştan sonra persistan AF (7 günden uzun süren AF ya da kardiyoversiyon gerektiren) ve kalıcı AF sık görülmektedir (5). İleri yaştaki hastalar genellikle

asemptomatik iken genç hastalar en sık çarpıntı ve atipik göğüs ağrısı ile prezente olmaktadır (6).

ETİYOLOJİ VE RİSK FAKTÖRLERİ:

Risk Faktörleri

Atriyal fibrilasyonu olan genç hastalarda hedef, yapısal kalp hastalığının dışlanması ve atriyal fibrilasyonu tetikleyen faktörlerin tespit edilmesi, predispozan faktörlerin ortaya çıkarılması ve ventriküler aritmilerin araştırılmasıdır.

Ceresnak ve arkadaşlarının yaptığı çalışmada AF tespit edilen 18 hastanın %61'inde obezite tespit edilmiştir (7). Hayvan modellerinde, obezitenin sol atriyal dilatasyona, interstisyel atriyal fibrozise ve atriyal elektriksel remodellinge neden olarak AF'ye yatkınlık oluşturduğu görülmüştür (8). Framingham Kalp Çalışması'nda perikardiyal yağ, intratorasik yağ ve abdominal visseral yağın AF ile ilişkili olduğu gösterilmiştir (9). Alkol intoksikasyonu, bronkodilatatör ilaç kullanımı (albuterol)'nın da AF'ye neden olduğu vakalar bildirilmiştir (10, 11).

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KAYNAKLAR

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