

## BÖLÜM 2



# KARDİYOEMBOLİK İNME VE ÖZELLİKLERİ

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## GİRİŞ

Dünya Sağlık Örgütü'nün Mortalite ve Küresel Sağlık Raporu'nda, dünya çapında her yıl 15 milyon insan inme geçirmektedir. İnme geçiren hastalardan 5 milyonu hayatını kaybederken 5 milyonda ise kalıcı olarak dizabilite gelişmektedir. Bu da inmeyi en yaygın ikinci ölüm nedeni ve sakatlığın en önemli nedeni haline getirmektedir (1). İnmelerin üçte biri intraserebral kanamayı temsil ederken, üçte ikisi serebral iskemiyi temsil eder. İskemik inmede çeşitli sınıflandırma sistemleri kullanılmaktadır ve genellikle inme etyolojisine göre sınıflandırılır. En yaygın olarak kabul edilen, 1990'larda geliştirilen TOAST (Trial of Org 10172 in Acute Stroke Treatment) sınıflamasında; kardiyembolik inme, büyük arter ateroskleroza, küçük damar hastalığı, diğer bilinen etiyoloji ve belirlenmemiş etiyolojiyi içerir (2).

Kardiyembolik inme, yaygın olarak kalpte trombüs oluşumundan kaynaklanan uzak embolizasyon ile serebral damar tıkanıklığı olarak tanımlanır. Tüm iskemik inmelerin tahmini olarak %15 ila %20'sini oluşturur. Daha genç hastalarda bu oran %25-35'e çıkmaktadır. Genel inme insidansındaki azalmaya rağmen kardiyembolik inme, yaşlanan nüfus ve artan yaşam beklentisi nedeniyle insidansının artması beklenmektedir. Diğer inme alt tiplerine kıyasla daha fazla nörolojik defisit, sakatlık ve mortaliteye sebep olur (3,4). Kardiyembolik inmenin nedenleri, klinik tabloları, sonuçları ve tedavi stratejileri farklı olduğundan iskemik inmenin bu alt tipi ayırt edilmeye değerdir. Örneğin, kardiyembolizmi olan çoğu hastada sekonder korunma için oral antikoagülasyon endikedir, oysa aterotrombotik

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