

BÖLÜM 11

KALP YETMEZLİĞİNİN CERRAHİ TEDAVİSİ

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GİRİŞ

Pediyatrik kalp yetmezliği, çocukluk dönemi için önemli bir morbidite ve mortalite nedenidir¹. Amerika Birleşik Devletleri'nde (ABD) kalp yetmezliği nedeniyle hastaneye yatırılan çocukların sayısının yılda 11000 ile 14000 arasında olduğu tahmin edilmektedir². Pediyatrik kalp yetmezliği sağlık sistemi üzerinde yükünü her geçen gün arttırmaktadır ve yalnızca ABD'de kalp yetmezliği nedeniyle yılda yaklaşık 1 milyar dolar harcanmaktadır³.

Çocukluk çağında karşılaşılan kalp yetmezliğinin etiyoloji ve patogenezi, yetişkinlerden oldukça farklıdır. Yetişkinlerde etyoloji esas olarak iskemi sonucu karşımıza çıkan iskemik kardiyomiyopatiler iken, çocuklarda esas neden doğuştan kalp hastalıkları ve kardiyomiyopatilerdir⁴. Çocuklarda son dönem kalp yetmezliği nedenleri arasında, kemoterapinin neden olduğu kardiyomiyopati ve miyokardit gibi edinilmiş durumlar da mevcuttur. Çocuklarda kalp yetmezliği, tipik olarak sistolik disfonksiyonun neden olduğu düşük kardiyak output ile karşımıza çıkabileceği gibi restriktif kardiyomiyopatilerdeki gibi diyastolik disfonksiyon, stabil bir palyasyon şansı olmayan tek ventrikül fizyolojisi veya Fontan palyasyonu sonrası çeşitli komplikasyonlarla da karşımıza çıkabilir⁵.

Son dönem kalp yetmezliği olan çocukların nihai tedavisi kalp naklidir, ancak immünsupresif tedavi, greft reddi ve sosyal sorunlarla ilgili kümülatif morbiditeler ve donör eksikliği nedeni ile alternatif tedavi arayışı içine girilmiştir. Hem pulsatil hem de devamlı akışlı dayanıklı ventriküler destek cihazlarının (VAD) kullanımı, ileri evre kalp yetmezliği olan çocukların kalp nakline kadar sağkalımını önemli ölçüde iyileştirmiştir⁶. Bununla birlikte, son dönem kalp yetmezliği olan çocuklar

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