

BÖLÜM 1

AKUT KORONER SENDROMLAR

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GİRİŞ

Akut koroner sendromlar (AKS) çok geniş bir klinik yelpazede karşımıza çıkabilirler. Kardiyak arrestten başvuru anında asemptomatik göğüs ağrısı öyküsü olan tablo arasında dağılım gösterebilir (1). Ana kardiyak yakınma çoğu zaman göğüs-te sıkıştırıcı vasıflı baskı hissi şeklindeki göğüs ağrısıdır. Eşdeğer yakınma olarak nefes darlığı, epigastrik ağrı veya sol kolda ağrı şeklinde de ortaya çıkabilir. Göğüs ağrısı ve ilişki semptomlar ABD’de 2020 yılında yaklaşık 7,2 milyon başvuru ile acile ikinci en sık başvuru nedenidir (2). Genellikle acile başvuran tüm göğüs ağrısı sebepleri içerisinde ise AKS %5.1 oranındadır ve göğüs ağrısının yarısından fazlası kardiyak dışı sebeplerden kaynaklanmaktadır (3).

Hastaların başvuru şikayetleri, Elektrokardiyogram(EKG) değerlendirmesi, hemodinamik durumu, muayene bulguları, laboratuvar ve görüntüleme testleri sonucunda belli ön tanılara göre ilerlenir. AKS tanısı dışında acil tedavi gerektiren AKS dışı aort diseksiyonu, pulmoner tromboemboli, pnömotoraks gibi klinik durumlara ve AKS tedavisine diğer bölümlerde değinilmiştir. Bu bölümde AKS tanısı anlatılmaya çalışılacaktır.

EPİDEMİYOLOJİ

AKS, dünya genelinde morbidite ve mortalitenin önde gelen nedenlerinden biridir. AKS, ST-segment yükselmeli miyokard infarktüsü (STEMI), ST-segment yükselmesi olmayan miyokard infarktüsü (NSTEMI) ve kararsız anjina (unstable angina pectoris, USAP) dahil olmak üzere birçok klinik tabloyu içerir.

İnsidans ve prevalans açısından, ABD ve Kanada verilerine göre AKS erkeklerde kadınlardan daha yaygın görülür ve erkekler daha erken yaşta etkilenir. An-

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Egzersiz Testi

Acil serviste kullanımı yoktur. Egzersiz testi, fiziksel yorgunluk, sınırlayıcı göğüs ağrısı (veya rahatsızlığı), belirgin iskemi veya kan basıncında düşüş oluşana kadar dereceli egzersizi içerir. Daha çok stabil poliklinik başvurularında tercih edilir (46, 47).

Miyokard Sintigrafisi

Acil serviste kullanımı yoktur. Canlı miyokard hücrelerinin radyonüklid tutulumlarına bakılarak aktif gerçeğe en yakın değerlendirmeyi yapabilirler. Ancak çözünürlükleri düşük olması sebebiyle belli bir miktardan küçük miyositleri gösteremezler. Kullanımları sınırlıdır.

Koroner Bilgisayarlı Tomografi-Anjiyografi

Acil serviste rutin olarak kullanımda yeri olmasa da seçilmiş vakalarda kullanılabilir. Tanı koymaktan daha çok aort, pulmoner arterler ve koroner arterleri aynı anda değerlendirerek “triple rule out” diye adlandırılan çoklu dışlama için kullanılabilir. Klinikte daha çok belirli hastalarda stres testi alternatifi olarak değerlendirilebilir.

Kardiyak Manyetik Rezonans görüntüleme

Yumuşak dokulardaki yüksek çözünürlüğü nedeniyle kalp kasını göstermekte iyi olsa da acil durumlarda ulaşılması ve kullanılması hiç kolay değildir. Acil servislerde ultrason yaygınlaşması ve canlı görüntüler vermesi sebebiyle de akut durumlarda geri plandadır. Ancak çok küçük hasar görmüş bölgeleri bile gösterebilir akut kronik miyokard hasarını ayırt etmede kullanılabilir (48, 49). Ancak AKS’da kullanımı ulaşılabilir olmasının zorluğu çekim süresi ve hastaların zamana karşı yarışları nedeniyle tercih edilmez.

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