

# BÖLÜM 5

## NON-KARDİYAK GÖĞÜS AĞRILARI

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Klinik bulguları myokardiyal iskemiye işaret etmeyen hastaların, göğüs ağrılarının değerlendirilmesinde, öncelikle hayatı tehdit edici potansiyel durumların araştırılması gerekmektedir. Acil durumlar elendikten sonra diğer kardiyak ve nonkardiyak etiyojiler değerlendirilmeye başlanabilir (Şekil 1,2) (1).

### İLK DEĞERLENDİRME VE TRİYAJ

Hayatı tehdit eden durumların ekartasyonunda göz önünde bulundurulması gereken semptomlar şunları içermektedir;

- » İstirahatte devam eden anjinal semptomlar, yeni başlangıçlı ya da karakteri değişen anjina (önceki bulgulara kıyasla daha sık, uzun süren ya da daha az eforla ortaya çıkmaya başlayan gibi) (Akut Koroner Sendrom- AKS)
- » Çok şiddetli, keskin, yırtılır tarzda göğüs ağrısı (Aort diseksiyonu- AD)
- » Plöretik göğüs ağrısı, öksürük, derin ven trombozu (DVT) bulgularının varlığı (pulmoner embolizm- PE)
- » Ani başlangıçlı plöretik göğüs ağrısı ve dispne, hemodinamik instabilite (tanسیون pnömotoraks)
- » Şiddetli kusma öyküsüyle beraber çok şiddetli retrosternal göğüs ağrısı (Boerhaave sendromu) (2).

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