

Yoğun Bakımda Pulmoner Tromboemboli

Aslı ALKAN¹

| Epidemiyoloji ve Risk Faktörleri

Pulmoner tromboemboli (PTE) hastanede yatarak tedavi gören hastalarda asemptomatik klinikten beklenmeyen ölümlere kadar geniş bir spektrumda seyredilen önemli bir morbidite ve mortalite nedenidir. PTE, önlenabilir hastane ölümlerinin en sık nedenidir ve kardiyovasküler kaynaklı ölüm nedenlerinde inme ve akut miyokard infarktüsünden sonra 3. sırada yer almaktadır (1).

Pulmoner tromboemboli sıklıkla alt ekstremitte derin venlerinde meydana gelen trombüslerden kaynaklanmaktadır. Bu nedenle PTE genellikle derin ven trombozu (DVT)'nin bir komplikasyonu olarak değerlendirilir ve bu iki klinik durum birlikte venöz tromboemboli (VTE) olarak adlandırılır. Proksimal DVT saptandığında %40-50 oranında eş zamanlı PTE de görülmektedir (2). PTE daha nadir olarak üst ekstremitte ve pelvis venleri ile servikal ve renal venlerden köken alabilir.

Pulmoner tromboemboli, VTE'nin yaşamı tehdit eden en önemli bileşenidir. Yıllık VTE insidansı 23-269/100.000 olarak bildirilirken yıllık PTE insidansı dünya çapında yaklaşık 1/1000 olarak belirtilmiştir (3, 4). Akut ve kronik hastalıklar, immobilitate, majör travma ve cerrahi veya medikal yaklaşımlar yoğun bakımda yatan hastalarda VTE riskini arttırırken bazen herhangi bir faktör bulunmadan da VTE görülebilir. Yoğun bakımda PTE tanısı konulabilmesi için öncelikle he-

¹ Uzm. Dr., Ankara Etlik Şehir Hastanesi, Göğüs Hastalıkları Kliniği, draslialkan@gmail.com, 0000-0001-7708-1732

Vena Cava Filtreleri

Antikoagülan ile kanama gelişen, antikoagülan tedavi verilemeyen ya da uygun tedaviye rağmen tekrarlayan VTE'si olan hastalarda vena cava inferior'a filtre takılması önerilmektedir. Derin ven trombüslerinin dolaşıma katılması engellenir. Profilaktik amaçla erken dönemde nüksü azaltmakla birlikte kronik tromboz ve venöz yetmezliğe neden olabilir. Komplikasyon oranları yüksektir, bu nedenle rutin kullanımda yer almamaktadır.

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