BÖLÜM 29

Yoğun Bakımda Hematolojik Sorunlara Yaklaşım

Ayşe KARATAŞ[1]

Bu bölümde yoğun bakımda karşılaşabileceğimiz hematoloji alanına özgü hızlı tanı ve tedavi gerektiren başlıca konulara yer verilmiştir.

Yoğun bakım hastalarında sıklıkla hemostaz testlerine ihtiyaç duyulmaktadır ve bunların doğru yorumlanması aşırı ve eksik tedavi ihtimalini azaltmaktadır. Bu nedenle öncelikle sık kullanılan hemostaz testlerinin yorumlanması ele alınmıştır. Takiben, mortalitesinin yüksek olması ve yönetiminin oldukça güç olması nedeniyle kritik hastalarda özel bir öneme sahip olan dissemine intravasküler koagülasyon tanı ve tedavisine değinilmiştir.

Tromboembolik olaylar, yoğun bakımda yatan hastalarda en önemli morbidite ve mortalite nedenleri arasındadırlar. Bu nedenle tromboz profilaksisi ve gerektiğinde tedavi edilmesi, kritik önem taşımaktadır. Yoğun bakımda antikoagülan tedavi konu başlığı altında antikoagülan tedavide kullanılan ajanlara ve tedavide dikkat edilmesi gereken noktalar yer almaktadır. Klinik pratiğimizde en sık kullandığımız antikoagülan ajanlar olan heparinlere bağlı gelişen bir komplikasyon olan heparin ilişkili trombositopeni ayrı bir konu başlığında ele alınmıştır.

Son olarak nadir görülen ancak erken dönemde tedavi başlanmadığında %90 ölümcül seyreden hematolojik bir acil olan trombotik trombositopenik purpura tanı ve tedavisine yer verilmiştir.

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- **Rituksimab**

Son yıllarda akut atak tedavisine TPD'ye rituksimab eklenmesi önerilmektedir (60).

TTP'de hayatı tehdit eden kanama ya da kanama riski olan girişimler dışında, sadece trombositopeni endikasyonu ile trombosit transfüzyonu önerilmemektedir.

Refrakter ya da relaps vakalarda tedavi seçenekleri; siklofosfamid, vinkristin, splenektomi ya da başlangıçta tedaviye eklenmediyse rituksimabdır (61).

Bir monoklonal anti-von Willebrand faktör antikoru olan kaplasizumabın bazı ülkelerde TTP tedavisinde kullanımı onaylanmıştır (62).

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