BÖLÜM 19

Pulmoner Hipertansiyon

Neslihan TANJU [1]

GİRİŞ

Pulmoner hipertansiyon (PH) sık görülen, mortalitesi ve morbiditesi yüksek karmaşık bir klinik antitedir. Sol ventrikül hastalıkları PH'un en sık sebebi iken, başta kronik obstrüktif akciğer hastalıkları (KOAH) olmak üzere akciğer hastalıkları ikinci en sık sebep olarak görülmektedir (1).

Normal sağlıklı kişilerde sistolik pulmoner arter basıncı 22-30 mmHg'dir. Pulmoner hipertansiyon; sağ kalp kateterizasyonu ile ölçülen pulmoner arter basıncının istirahatte 25 mmHg üzerinde olması ile tanımlanan hemodinamik bir süreçtir (2). Pulmoner arterlerin progresif hastalığı olan PH, pulmoner arterlerde proliferasyon ve remodeling sonucu oluşur. PH primer olarak arteriyel yapıları (prekapiller) etkileyebileceği gibi pulmoner venöz sistem (postkapiller) de PH'ın etkilediği bölge olabilir.

Pulmoner vasküler yatak fizyolojik koşullarda düşük basınçlı, düşük dirençli ve yüksek kapasitanslıdır. Kan akışında artış meydana geldiğinde pulmoner vasküler sistem kompensatuar mekanizmalar ile pulmoner arter basıncında belirgin yükselme olmadan karşılık verir. Pulmoner hipertansiyonda pulmoner arter basıncı ve pulmoner vasküler dirençte ilerleyici ve sürekli bir artış söz konusudur.Histolojik olarak vasküler yapılarda medial hipertrofi, intimal selüler proliferasyon, intraluminal tromboz ve pleksiform lezyonlar görülür.Persisten

[1] Dr. Öğr. Üyesi, İstanbul Florence Nightingale Hastanesi, Radyoloji Kliniği, neslihantanju@gmail.com, ORCID iD: 0009-0009-5359-2197

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