

ST Yükselmesi Olmayan Miyokard İnfarktüsüne Yaklaşım

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GİRİŞ

Dünya genelinde sıklığı giderek artan iskemik kalp hastalıkları, ölümün en yaygın nedenidir. Bununla birlikte Avrupada son 30 yılda iskemik kalp hastalıklarının mortalitesinde bir azalma eğilimi de mevcuttur(1).

Akut koroner sendromların (AKS) klinik sunumu çok geniş bir yelpazeye sahiptir. Başvuru anının sonrasında göğüs ağrısının tekrarlamadığı durumlardan, sürekli iskemiye veya ciddi mitral yetersizliği gibi mekanik komplikasyonlara bağlı olarak gelişen elektriksel ve hemodinamik durum bozukluğu, kardiyak arrest veya kardiyojenik şoka kadar uzanan farklı bir klinik tablo karşımıza çıkar (2). Teşhis ve tedavi sürecini belirleyen başlıca semptom sıkışma, ağrı, yanma ve basınç olarak ifade edilen ve ani başlayan göğüs rahatsızlığıdır. Göğüs ağrısına eşdeğer semptomlar; epigastrik ağrı, dispne ve sol kola yayılan ağrıdır. Elektrokardiyograma (EKG) dayalı olarak, hastalar iki grubu ayrılmalıdır:

1. Devamlı (>20 dakika) ST segment yükselmesi ve akut göğüs ağrısı olan hastalar: Bu klinik tablo ST elevasyonlu AKS olarak tanımlanır ve genellikle akut gelişen total veya subtotal koroner tıkanmayı gösterir. Hastaların büyük bir kısmında sonunda ST segment yükselmeli miyokard enfarktüsü (STEMI) gelişir. Bu hastalarda tedavinin temel noktası, primer perkütan koroner girişim (PCI) ile acil reperfüzyon sağlamak veya zamanında PCI mümkün değilse fibrinolitik tedavinin verilmesidir(3).

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