BÖLÜM 14

Korunmuş Ejeksiyon Fraksiyonlu Kalp Yetmezliği

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GİRİŞ

Kalp yetmezliği (KY) olan hastaların yaklaşık yarısı korunmuş sol ventrikül ejeksiyon fraksiyonuna (LVEF) sahiptir (1, 2). Korunmuş ejeksiyon fraksiyonlu KY (KEF-KY); hipertansiyon, diyabet, obezite, koroner arter hastalığı, kronik böbrek yetmezliği ve kardiyak amiloidoz gibi spesifik nedenleri içeren komorbiditelerin katkıda bulunduğu ve patofizyolojisi halen tam olarak anlaşılamamış olan klinik bir sendromdur (3-4). KEF-KY'nin ayırt edici özelliği, gevşeme bozukluğu ile birlikte artmış sol ventrikül (LV) sertliğinin varlığıdır. Bu patoloji ileri yaşla birlikte gelişir; dolayısıyla, yaşlanan nüfusun bir sonucu olarak KEF-KY prevalansının artacağı öngörülmektedir (5). Avrupa Kardiyoloji Derneği (ESC) 60 yaş üstü nüfusta KEF-KY prevalansını %4,9 olarak tahmin etmektedir. KEF-KY'li kadınların sayısı erkeklerden önemli ölçüde fazladır ve yaklaşık 2:1'lik bir cinsiyet oranına yol açarak cinsiyetin bu durumda çok önemli bir rol oynadığı fikrini desteklemektedir (6).

KY'nin türü ne olursa olsun %50-75'e ulaşan çok yüksek 5 yıllık mortalite ile ilişkilidir. KEF-KY'deki sonuçlar, düşük ejeksiyon fraksiyonlu kalp yetersizliğindeki (DEF-KY) sonuçlarla karşılaştırılabilir; bu nedenle mortalite, morbidite ve hasta tarafından bildirilen kötü sonuçları önlemek için müdahale erken uygulanmalıdır. KEF-KY'li hastalarda KV dışı nedenlere bağlı mortalite artmaktadır (7). KEF-KY'nin, DEF-KY olan hastalara göre daha iyi sağkalım sağladığı düşünülse de klinik çalışma verilerinden elde edilen bulgulara dayanarak, çoğu gözlemsel çalışma bu farkın 'ihmal edilebilir' olduğunu göstermektedir (8). Hastaneye yatış

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