BÖLÜM 19

Mitral Darlığı ve Ekokardiyografi

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GİRİŞ

Mitral darlığı (MD) tanısının konulmasında, darlık şiddetinin, kapak anatomisinin ve hemodinamik sonuçlarının değerlendirilmesinde transtorasik ekokardiyografi (TTE) ve transözofageal ekokardiyografinin (TEE) önemli bir rolü vardır.

MİTRAL DARLIĞI NEDENLERİ

MD, romatizmal ateşin en sık görülen kapak komplikasyonlarından biridir. Sanayileşmiş ülkelerde bile diğer nedenler çok nadir olduğundan MD vakalarının çoğu romatizmal kaynaklıdır. Romatizmal kalp hastalıklarının prevalansındaki düşüş göz önüne alındığında MD en az görülen sol taraflı kapak hastalığı haline gelmiştir. Bununla birlikte Avrupa'da görülen sol taraflı kapak hastalıklarının yaklaşık %10'unu oluşturmaktadır ve gelişmekte olan ülkelerde daha sık görülmektedir (1,2). Romatizmal MD, erkeklere kıyasla kadınlarda (vakaların %80'i) daha sık görülmektedir.

Romatizmal MD'nin altında yatan asıl mekanizma kommissüral füzyon ve posterior yaprakçığın kalınlaşmasıdır. Kordal kısalma, kordal füzyon, yaprakçık kalınlaşması ve hastalığın ilerleyen seyrinde romatizmal bulgular üzerine eklenen kalsifikasyon gibi diğer anatomik sebepler yaprakçık hareketinin kısıtlanmasına katkıda bulunmaktadır.

TTE, romatizmal MD'nin anatomisini ve fonksiyonel önemini aydınlatmak için tercih edilen ilk görüntüleme yöntemidir. Parasternal uzun eksen görüntü; ön mitral yaprakçığın karakteristik olan diyastolik doming hareketini tanım-

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dinamik sonuçları ve olaysız sağ kalımı öngören belirleyicileridir. Balon mitral komissürotomi sonrasındaki MY derecesi ve yaş, fonksiyonel sınıf ve kalp ritmi gibi temel hasta özellikleri de balon mitral kommissurotominin uzun vadeli sonuçlarının güçlü belirleyicileridir.

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