



BÖLÜM 44

İleri Kalp Yetmezliğinde Tedavi Yaklaşımı

Yelda SALTAN ÖZATES¹

GİRİŞ

Kalp yetmezliği (KY) özellikle yaşlı insanlar arasında olmakla birlikte artık gençlerde de görülebilen önemli mortalite, morbidite ve sağlık harcaması ile ilişkili ciddi bir sağlık sorunudur. Son zamanlarda elde edilen ilerleme, KY'li artan sayıda insanın her zamankinden daha uzun yaşamasını mümkün kılmış; bu nedenle, yeni ve ciddi bir klinik problem ortaya çıkmıştır: ileri kalp yetmezliği (İKY). Halihazırda tüm dünyada mevcut kalp sayısından çok daha fazla nakil ya da mekanik destek tedavisi bekleyen hasta mevcuttur. Bu durumda yine yeni bir terminoloji olan kalp takımının rolü, hastayı kalp nakli; ventrikül destek cihazlarının implantasyonuna hazırlamak veya en azından mümkün olan en iyi yaşam kalitesini sağlamak için en iyi durumda tutmaktır.

Bu makalede İKY ile ilgili mevcut verileri gözden geçirmek amacıyla epidemiyolojik veriler, değerlendirme yöntemleri ve olası tedavi stratejilerinin yanı sıra araştırma ve geliştirme çabaları sonucu şekillenen geleceğe dair yönelimler sunulmuştur.

TANIM VE EPİDEMİYOLOJİ

Avrupa Kardiyoloji Derneği'ne göre, "ileri kalp yetmezliği" (İKY) terimi şiddetli semptomları,

tekrarlayan dekompanseasyonu ve ciddi kardiyak disfonksiyonu olan hastaları karakterize eder (1). KY'ne dair en yeni tanım, İKY'ni geleneksel tedavinin (optimal tıbbi, cerrahi ve cihaz tedavisi) semptomları kontrol etmek için yetersiz kaldığı bir KY aşaması olarak tanımlar. Ayrıca ileri tedaviler (örn. kalp nakli ve mekanik dolaşım desteği) veya palyatif tedavilere ihtiyaç vardır. İlerlemiş KY hastaları, sol ventrikül ejeksiyon fraksiyonundan (LVEF) bağımsız olarak, kılavuza dayalı optimal tedaviye rağmen ciddi şekilde semptomatik kalır, mortaliteleri yüksektir (2). New York Kalp Derneği'ne (NYHA) göre sınıf IV hastaların bir kısmı bu gruba dahildir. Bunlar refrakter veya evre D kalp yetmezliği olarak tarif edilir (3,5). İKY'ni belirlemeye yönelik kalp topluluklarının farklı yaklaşımları Tablo1 ve Tablo 2 de özetlenmiştir.

Hastaların NYHA sınıflandırması hangi hastaların kılavuza dayalı medikal tedavi altında takip edilip hangilerinin kalp nakli veya mekanik dolaşım için hak kazanacağına belirlenmesinde yetersiz kalır. İKY açısından cerrahi tedaviye aday olabilecek hastaları belirlemede INTERMACS (Interagency Registry of Mechanically Assisted Circulatory Support) çalışmasındaki sınıflandırma kullanılır (6).

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tarların dörtte biri palyatif tedaviye ihtiyaç duymaktadır. Palpasyon ve hayat sonu desteği sadece konjesyonun giderilmesini hedeflemez, uç organ perfüzyonunun iyileştirilmesi, uygun bakım, psikososyal destek, anksiyete tedavisi ve depresyon ve son aşamalarda dispnenin rahatlamasını amaçlar. İKY'li hastalara hastalığın ciddiyeti öngörülen prognoz ve tedavi seçenekleri hakkında bilgi verilmeli; hastanın ileri düzey tedaviler açısından kendi kararını vermesine yardımcı olmalıdır (62).

SONUÇ

İlerlemiş KY sendromu, epidemiyolojik, klinik ve finansal bir sorun olmaya devam etmektedir. Son gelişmeler ileri düzey tedavilerle daha fazla hastanın yaşamasına yardımcı olmuştur ancak bu tedavilerin zorluğu, maliyeti halen uzun dönem sağ kalımın sınırlı olmasına neden olmuştur. Geleceğe yönelik olarak kalp nakline verici olacak donör havuzu genişletilmeli, yan etki profili düşük mekanik destek cihazları geliştirilmeli ve hastanın en azından hastalığı sürer giderken hayat kalitesini düzeltmeye yönelik palyatif bakım yaklaşımları belirlenmelidir.

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