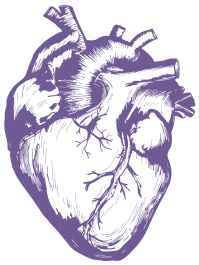

BÖLÜM 46

Akut Kalp Yetmezliğinde Tedavi Yaklaşımı

Serhat GÜNLÜ [1]

GİRİŞ

Akut Kalp Yetmezliği (AKY) hastanın acil tıbbi yardım alması için yeterince şiddetli bir klinik duruma, plansız bir hastaneye yatışa veya acil servis başvurusuna yol açan kalp yetmezliği semptomlarının ve/veya belirtilerinin hızlı veya aşamalı olarak başlamasını ifade eder (1). AKY'li hastalarının tedavilerinin planlanması için acil değerlendirilmesi gerekir. AKY, 65 yaş üstü kişilerde hastaneye yatışların önde gelen nedenidir (2). Yüksek mortalite ve tekrarlayan hastaneye yatış oranları mevcuttur. Hastane içi ölüm oranı %4 ila %10 arasında değişmektedir (3). Taburculuk sonrası 1 yıllık ölüm oranı %25-30, ölüm veya tekrar yatış oranları %45'ten fazladır (4). AKY, yeni başlayan KY'nin ilk belirtisi olabilir veya daha sıklıkla kronik KY'nin akut dekompansasyonuna bağlı ortaya çıkabilir (5). Akut dekompanse kronik KY'si olan hastalarla akut pulmoner ödemli hastalar karşılaştırıldığında, akut pulmoner ödemi olanlar daha yüksek hastane içi mortaliteye sahiptirler ancak taburculuk sonrası mortalite ve yeniden hastaneye yatış oranları daha düşüktür (6). *AKY'nin en sık tetikleyici faktörleri atriyal fibrilasyon, akut MI veya iskemi, ilaç alımının (diüretik) kesilmesi, artmış sodyum yükü, miyokard fonksiyon bozukluklarına sebep olan ilaçlar ve aşırı fiziki efordur (7).* Önceden var olan kardiyak disfonksiyonu olan hastalarda spesifik dış faktörler (anemi, GİS kanama, enfeksiyon vb.) AKY'yi hızlandırabilir (8).

TANI

Hastalar genellikle ağır solunum sıkıntısı ile gelir, köpüklü pembe veya beyaz balgam görülebilir, pulmoner raller olup, S3 veya S4 duyulabilir (9). Hastalar genellikle taşikardik ve hipertansiftir. Atriyal fibrilasyon veya ventriküler erken atımlar gibi kardiyak disritmiler yaygındır (10). Efor dispnesi, paroksismal nokturnal dispne veya ortopne öyküsü olabilir. Sağ ventriküler kalp yetmezliği olan hastalarda ekstremitelerde ödem ve juguler venöz distansiyon, karaciğer büyümesi ve hepatojuguler refleks olabilir (11). Kalp yetmezliğinin hangi kliniğine bağlı olduğunun ayrımı, acil serviste tedaviyi değiştirmez. Volüm fazlalığı ve solunum sıkıntısı aynı şekilde tedavi edilir. Bununla birlikte kapak patolojisi veya akut sağ ventrikül infarktüsü şüphesi olan hastalara dikkat edilmelidir.

AKY tanısı koymak için muayene, ilk tıbbi temas anında başlar. İlk başvuru anından itibaren;

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veya dozunun azaltılmasının daha kötü sonuçlarla ilişkili olduğunu gösterdi (61). ACE-I/ARB'ye özgü olanlar da dahil olmak üzere yakın zamanda hastaneye yatırılan stabil HFrEF'li (düşük EF'li KY) hastalarda ARNI (anjiotensin reseptör neprilisin inhibitörü)'nın başlatılması güvenlidir (62). Yakın zamanda, LVEF'lerine bakılmaksızın KY nedeniyle hastaneye yatırılan diyabetik hastalarda sotagliflozin ile yapılan prospektif randomize bir çalışmada güvenli bulunmuştur (63).

SONUÇ

Akut kalp yetmezlikli hastalarda tekrarlayan hastaneye yatış ve ölüm oranı yüksek olduğundan bu hastaların acil değerlendirilip tedavilerinin planlanması gerekmektedir. Tablo 2'de klinik tanı ve tedavi özeti verilmiştir. Ayrıca tetikleyici faktörlerinde tedavisi önem arz etmektedir.

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