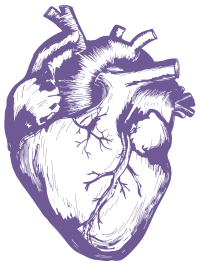

BÖLÜM 64

Pulmoner Hipertansiyon Sınıflandırması ve Genel Tedavi Yaklaşımı

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GİRİŞ

Pulmoner hipertansiyon (PH), birçok klinik durumu içinde barındıran, çeşitli kardiyovasküler ve solunum yolu hastalıkları ile ilişkilisi olan patofizyolojik bir hastalıktır. PH yönetiminin karmaşıklığı nedeniyle, klinisyenlerle ortaklaşa ve hastaların aktif katılımıyla bütüncül ve multidisipliner bir yaklaşım gerektirmektedir. Günlük klinik uygulamada PH'li hastaların bakımını düzene koymak, PH'yi etkili bir şekilde yönetmek zorlu süreç gerektirmektedir.

Son yıllarda, PH'nin saptanması ve yönetilmesinde önemli ilerlemeler kaydedilmiştir ve pulmoner hipertansiyonun tanı ve tedavisine yönelik yeni çalışmalarla yeni kanıtlar eklenmiştir.

TANIMLAR VE SINIFLANDIRMALAR

Tanımlar

PH tanımları, sağ kalp kateterizasyonu ile yapılan hemodinamik değerlendirmeye dayanmaktadır. (Tablo 1) Pulmoner hipertansiyon, istirahatte ortalama pulmoner arter basıncının (mPAP) >20 mmHg olması ile tanımlanır. Bu sağlıklı kişilerde normal pulmoner arter basıncının (PAB) üst sınırını değerlendiren çalışmalarla desteklenmektedir ve artmış PAB'ın prognostik önemi birçok çalışma ile ortaya konulmuştur (1-4).

Hemodinamik değerlendirme pulmoner vasküler direnç (PVR) ve pulmoner arteriyel kama basıncını (PAWP) göre sınıflandırılmaktadır. Pulmoner vasküler hastalık ve sol kalp hastalığına bağlı PAB yüksekliğinin ayrımında kullanılmaktadır.

Mevcut verilere göre, normal PVR'nin üst sınırı ve PVR'nin prognostik açıdan en düşük eşiği yaklaşık 2 Wood ünitesidir (WU) (3, 5). Pulmoner vasküler direnç, vücut yüzey alanına ve yaşa bağlıdır ve yaşlı sağlıklı kişilerde daha yüksek değerlerde bulunmaktadır.

Pre ve postkapiller PH'ı ayırt eden PAWP için eşik değeri hakkındaki mevcut veriler çelişkilidir. Normal PAWP'nin üst sınırı 12 mmHg olarak kabul edilse de, PH tanı ve tedavisi için önceki ESC/ERS Kılavuzları ve ESC Kalp Yetmezliği Derneği'nin yakın tarihli fikir birliğinde, 15 mmHg eşik olarak önerilmektedir. Ayrıca, PAH ile ilgili neredeyse tüm terapötik çalışmalarda PAWP ≤15 mmHg eşiği kullanılmıştır (6, 7).

Pulmoner arteriyel hipertansiyon (PAH), kronik tromboembolik pulmoner hipertansiyon (KTEPH) ve akciğer hastalıklarıyla ilişkili PH ne-

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