28. Bölüm

KALP YETERSİZLİĞİ VE ENDOKRİNOLOJİK HASTALIKLAR

Çağlar KESKİN[1]

Kardiyovasküler sistemin sağlıklı bir şekilde devam ettirilmesinde normal işleyen bir endokrinolojik sistem esastır. Hormon hiperfonksiyonu ya da hipofonksiyonu durumları kardiyovasküler sistem üzerinde birçok farklı etkiye yol açmaktadır. Bu bölümde Diabetes Mellitus başta olmak üzere hipofiz bezi, adrenal bez, tiroid bezi ve paratiroid bezi hastalıklarının konjestif kap yetmezliği gelişimi üzerine etkileri ve bu hastaların tanı, tedavi ve takiplerinde dikkat edilmesi gereken noktalar anlatılacaktır.

DİABETES MELLİTUS VE KALP YETERSİZLİĞİ

Tip 2 Diabetes Mellitus (Tip 2 DM) tüm dünyada prevalansı hızla artan ve ciddi kardiyovasküler komplikasyonlara neden olan kronik dejeneratif bir hastalıktır. Diyabet ve kalp yetersizliği arasında yakın bir ilişki vardır. Diyabeti olan hastalarda kalp yetersizliği riski artarken, kalp yetersizliği olanlarda da diyabet gelişme riski artmaktadır. Kalp yetersizliği hastalarında DM görülme oranları %10-47 arasındadır. Hastanede takip edilen kalp yetersizliği hastalarında ise DM prevalansı %40'ın üzerindedir.[1-5] Farklı bir bakış açısı ile diyabeti olan hastaların %9-22'sinde kalp yetersizliği görülmektedir ve bu oranlar normal popülasyonun 4 katından fazladır. DM asemptomatik sol ventrikül yetmezliği olan hastalarda semptomatik kalp yetersizliği gelişimi için önemli bir prediktördür. Ayrıca kötü glisemik kontrol kalp yetersizliği gelişimi için önemli bir risk faktörüdür. HbA1c değerindeki her %1'lik artış kalp yetersizliği riskini %8 ila 36 artırmaktadır. DM hastalarında kalp yetersizliği riskini artıran diğer faktörler; ileri yaş, hipertansiyon, obezite, koroner arter hastalıkları, periferal erter hastalıkları, uzun diyabet süresi, nefropati, retinopati ve yüksek Pro BNP düzeyleri olarak sıralanabilir.

DM sıklıkla miyokardial iskemi yoluyla kalp yetersizliği ve yapısal kalp hastalıklarına neden olur. Hiperglisemi ve hiperinsülinemi, vasküler düz kas hücrelerinde proliferasyon ve inflamasyon yolu ile ateroskleroza neden olur. DM ilişkili aterojenik dislipidemi ve endotel disfonksiyonu da aterosklerotik sürece katkı yapar. DM majör bir koroner vasküler problem olmadan da kalp yetersizliği gelişiminden sorumlu olabilir (diyabetik kardiyomiyopati). Diyabetik kardiyomyopati kavramı ilk olarak 1972 yılında *Rubler* tarafından ortaya konmuştur.[6] Diyabetik bir hastada kardiyomyopatiye neden olabilecek koroner arter hastalığı hipertansiyon veya valvüler kapak hastalıkları olmadan sistolik ve diyastolik

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tesinde artış tespit edilmiştir. Buna karşın testosteron replasman tedavisinin prostat kanseri, polisitemi ve tromboembolik olaylar gibi potansiyel yan etkileri gözardı edilmemelidir. Sonuç olarak kalp yetersizliği hastalarında testosteron replasman tedavisi ile umut verici sonuçlar alınıyor olsa da; literatürde hala kesin bir bilgi bulunmamaktadır ve rutin pratikte kullanımı önerilmemektedir. Gelecekte bu konuda yapılacak geniş katılımlı prospektif çalışmalara ihtiyaç duyulmaktadır.

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