

## 31. Bölüm

# KALP YETERSİZLİĞİ VE ROMATOLOJİK HASTALIKLAR

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Romatolojik hastalıklar, sıklıkla otoimmünite ya da otoinflamasyon kaynaklı olup, birçok doku ve sistemi etkileyebilen hastalıklardır. Eklemler ön planda etkileniyor gibi görünse de özellikle kalp ve damar yapılar gibi birçok kas-iskelet dışı sistem etkilenebilmektedir. Kardiyak tutulum kalbin tüm katmanlarında gözlenebilir. Asemptomatik olgulardan şiddetli kardiyovasküler bulgularla seyreden olgulara kadar geniş bir yelpazede klinik vakalar ortaya çıkabilmektedir. Bu bölümde özellikle kalp yetmezliğine sık neden olabilen romatolojik hastalıklar üzerinde durulacaktır.

### ROMATOİD ARTRİT

Romatoid artrit (RA) sıklıkla küçük eklemlerin simetrik poliartriti ile karakterize kronik sistemik inflamatuvar bir hastalıktır<sup>(1)</sup>. RA, inflamatuvar artritlerin önemli bir nedeni olmasının yanında sadece eklemleri etkileyen bir hastalık değildir. Birçok sistem ya da organ hastalığının sonucunda etkilenebilmektedir. Kardiyak tutulum da RA varlığında görülebilen ekstra-artiküler bulgulardandır. Perikardit, perikardiyal efüzyon, miyokardiyal infarktüs ve kalp yetmezliği başlıca

RA'nın kardiyak tutulumları arasında gösterilebilir<sup>(2,3)</sup>. Bunun yanında RA'nın mortalite nedenleri arasında kardiyovasküler hastalıklar önemli bir yer edinmekte ve artmış kalp yetmezliği insidansı bilinmektedir<sup>(4)</sup>.

RA'da kalp yetmezliği etyopatogenezi net olarak anlaşılabilmiş değildir. İnflamatuvar sitokinler, anti-romatizmal ilaçlar, amiloidoz ve iskemik kalp hastalığı patogenezin unsurları olarak düşünülmektedir. RA hastalarında yüksek c-reaktif protein (CRP) ve eritrosit sedimentasyon hızının (ESH) kalp yetmezliği sıklığında artış ile ilişkili olduğu bilinmektedir<sup>(5)</sup>. Ayrıca genel popülasyonda artmış proinflamatuvar sitokinlerin kalp yetmezliği gelişiminde ve prognozunda rolü olduğu gösterilmiştir<sup>(6)</sup>. Bunun yanında kontrolsüz inflamasyonun sonucu oluşabilecek amiloidoza bağlı kalp yetmezliği bulguları da RA'da ortaya çıkabilmektedir<sup>(7)</sup>. Genel popülasyonda iskemik kalp hastalıkları kalp yetmezliği etyolojisinde önemli bir yer tutmaktadır. RA hastalarında da genel popülasyona oranla iskemik kalp hastalığının arttığı bilinmektedir<sup>(8)</sup>. Yine RA tedavisinde kullanılan ilaçlar ve kalp yetmezliği arasında ilişki olabileceğine dair şüpheler vardır. Bu konudan "Roma-

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üzerine RA hastalarında olumlu etkileri bilinmektedir. Kardiyovasküler mortaliteyi %70 oranında azaltır ve kalp yetmezliği gelişimini yarı yarıya düşürür (HR=0,5, %95 GA:0,3-0,9) <sup>(34, 110, 111)</sup>.

TNF- $\alpha$  inhibitörleri RA ve AS hastalarında sık olmak üzere birçok romatolojik hastalıkta kullanılmaktadır. TNF- $\alpha$  inhibitörleri ile kalp yetmezliği vakaları bildirilmiştir ve günümüzde evre III-IV kalp yetmezliği olan hastalarda kullanımı kontrendikedir <sup>(112)</sup>. Fakat RA hastalarında TNF- $\alpha$  inhibitör tedavisi ile kalp yetmezliği gelişim riski de azalmaktadır. Tedavi ile kronik inflamasyonun baskılanmasının olumlu sonuçlarının bu sonuçta etkili olduğu düşünülmektedir <sup>(23)</sup>.

### Sonuç

Sonuç olarak kalp yetersizliği genel popülasyonda sık olduğu gibi romatizmal hastalarda da sık görülmekte ve hastaların mortalitesinde önemli bir etken olma özelliği göstermektedir. Hastaların kaliteli ve uzun yaşam süresi için kardiyolojik açıdan takip ve izlemi gereklidir.

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