11. BÖLÜM

KALP YETERSİZLİĞİ VE ELEKTROLİT DENGESİ

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GİRİŞ

Kalp yetersizliği (KY), dünya çapında 37,7 milyon insanı etkileyen küresel bir pandemiyi temsil eder [1]. Önemli ilerlemelere rağmen sağlık sektörü üzerine önemli bir klinik ve ekonomik yük oluşturmaya devam etmektedir [2]. KY patofizyolojisinin aydınlatılması ve uygun tedavi yöntemlerinin geliştirilmesi zorunludur.

Kalp yetersizliğinde meydana gelen hemodinamik anormallikler ve bunların tedavileri çeşitli etkilere sahiptir. Bu etkilerden biri, hem kronik hem de akut KY ile hastaneye yatırılan hastalarda ortaya çıkabilen elektrolit dengesizlikleridir. Ventriküler ve renal disfonksiyon ile ilaçlardan kaynaklanan nörohormonal aktivasyon, morbidite ve mortaliteyi etkileyen elektrolit dengesini bozabilir. Bu değişikliklerin erken tanınması ve patofizyolojik mekanizmalarının bilinmesi hastaların yönetimi için oldukça önemlidir. Bu nedenle, KY hastalarında elektrolitlerin kontrol edilmesi tavsiye edilmektedir [3,4].

SODYUM DENGESİ

Hücre dışı bölümdeki ana elektrolittir. Normal seviyeleri 135-145 mmol/l arasında değişir. Hücre içi sodyum konsantrasyonu sıkı bir şekilde kontrol edilir ve sabittir. Vücut tuzu ve sıvısının normal aralıkta tutulması, atriyal-renal reflekslerin, renin-anjiotensin-aldosteron sisteminin (RAAS) ve sempatik sinir sisteminin (SSS) kontrolü altındadır.

Hiponatremi

Hastanede yatan hastalarında en sık görülen elektrolit anormalliğidir. Hafif (130-134 mmol/l), orta (125-129 mmol/l) ve şiddetli (<125 mmol/l) olarak sınıflandırılır. KY'de hiponatremi oluşum mekanizmaları şekil 1'de özetlenmiştir.

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SONUÇ

Elektrolit dengesizlikleri kalp yetersizliğinde yaygındır ve doğası gereği çok faktörlüdür. Hiponatremi ve hiperkalemi, hem mevcut olan hem de yeni tedaviler açısından iyi incelenmiştir. Hiponatremi için üre veya hipertonik salin, hiperkalemi için potasyum bağlayıcılar gibi tedavilerin kalp yetersizliği hastalarında klinik sonuçlar üzerinde anlamlı bir etkiye sahip olup olmadığı belirsizliğini korumaktadır. Hipokloreminin etkisi tam olarak incelenmemiştir ve daha az yerleşik tedavilere sahiptir. Prevalansları nedeniyle, elektrolit dengesizliklerinin anlaşılması ve tedavi edilmesi, kalp yetersizliğinin tedavisinde temel dayanak olmaya devam edecektir. Kalp yetersizliğini tedavi ederken, elektrolit dengesizliklerinin önlenmesi ve düzeltilmesi gerektiği akılda tutulmalıdır.

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