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### GASTROİNTESTİNAL SİSTEM KANAMALARINA DAİR GENEL BAKIŞ

Klinik pratiğimizde gastrointestinal kanamadan şüphelendiğimiz bir hastayı değerlendirirken her zaman olduğu gibi öykü, fizik muayene ve laboratuvar testleri bizim için kıymetlidir. Böylece kanamanın ciddiyetini, olası kanama nedenini tespit edebilir ve hastanın takip tedavisini daha kolaylıkla belirleyebiliriz.

Literatürde genel geçer bir bilgi olarak üst gastrointestinal sistem kaynaklı kanamalarda, kanamanın odağını öngören faktörler arasında hasta tarafından tariflenen melena öyküsü, fizik muayenede melena ile uyumlu dışkı, kanlı veya kahve telvesi gibi kusma yer almaktadır. Yine laboratuvar testleri ile kan üre nitrojeni (BUN) / Kreatinin >30 olması da bizi daha ziyade üst GİS kaynaklı kanamaya yönlendirici bir belirteçtir (2). Dışkıda taze kırmızı kan varlığı, üst gastrointestinal sistemden kaynaklı kanama olasılığını azaltır ve bizi daha çok alt GİS kaynaklı kanama tarafına yönlendirir. Ancak şiddetli üst GİS kanamalarda da dışkıda taze kan görülebilir. Kanama şiddetini ise nazogastrik sondadan (NGS) gelen parlak kırmızı kanama,

hastanın hipotansif, taşikardik olması veya 8 g/dL'den düşük hemoglobin düzeyi belirleyebilir.

### Kanama Belirtileri

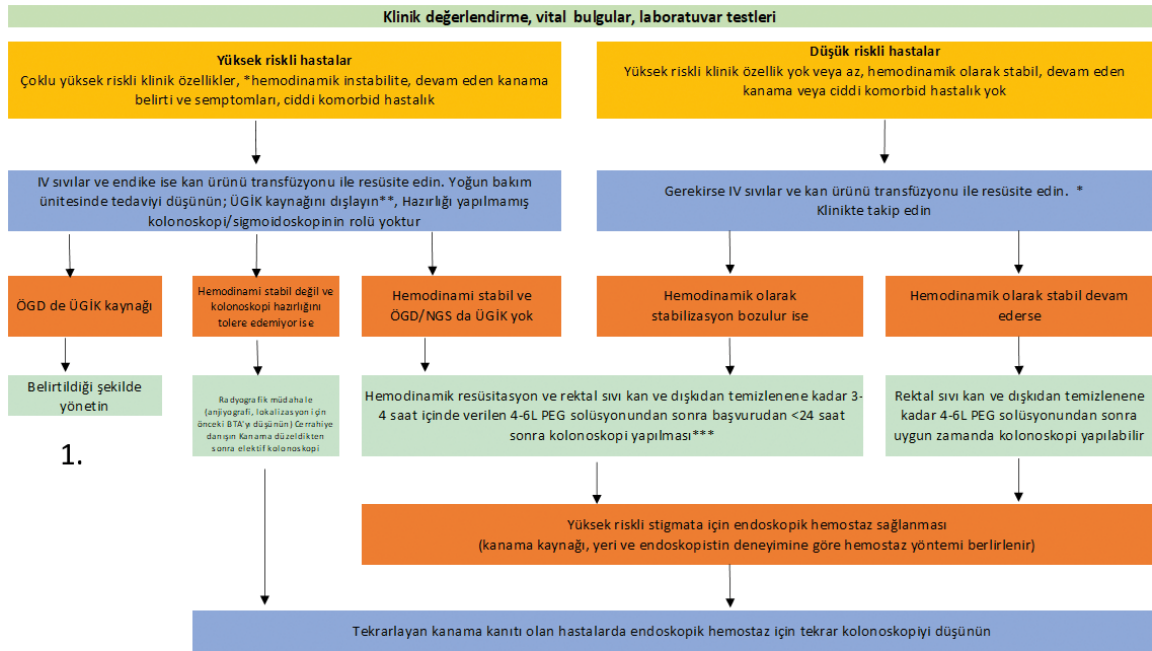
Hematemez kırmızı renkte kanlı veya kahve telvesi kusmaya verilen isimdir. Kuvvetli bir şekilde Treitz ligamentin proksimalindeki kanamayı düşündürür.

Melena siyah, katran renginde ve cıvık kıvamlı dışkı olarak tanımlanır ve çoğunlukla (%90-95) Treitz ligamentin proksimalinden kaynaklanan kanamaları düşündürür. Ancak orofarinks, nazofarinks, ince bağırsak veya proksimal kolondan kaynaklı kanamalarda da melena izlenebileceği akıldan çıkarılmamalıdır (3). Melena meydana gelmesi için 50 mL kadar az miktarda kanama bile yeterli olabilir.

Hematokezya dışkıda kırmızı renkli kanamaya verilen isimdir. Çoğunlukla alt gastrointestinal sistem kaynaklı kanama odaklarından kaynaklanır. Bununla birlikte tipik olarak ortostatik hipotansiyonla giden masif olan üst gastrointestinal kanamalarda da izlenebilir. (%5-10)

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İkincil kardiyovasküler korunma için aspirin kesilmemelidir. AGİK'da birincil korunma için kullanılan aspirinden kaçınılmalıdır. İkili antiplatelet tedavi (DAPT, tienopiridin) genellikle 7 gün içinde yeniden başlatılmalıdır. Tienopiridin yeni den başlanması kesin zamanlaması kardiyovasküler riske ve kanama kontrolünün yeterliliğine bağlıdır. DAPT, akut koroner sendrom sonrası 90 gün ve koroner stentleme sonrası 30 gün içinde kesilmemelidir.

\*Hgb  $\geq$  7g/dL'yi korumak için kırmızı kan hücresi transfüzyonu. Önemli komorbid durum(lar) (özellikle iskemik kardiyovasküler hastalık) olan veya müdahalede gecikme beklenen hastalarda 9g/dL eşliğini göz önünde bulundurun. \*\*Yüksek şüphe varsa ÖGD, orta derecede ÜGİK şüphesi varsa NGS (nazogastrik sonda) \*\*\*Oral alımı tolere edemeyen ve aspirasyon riski düşük olan hastalarda kolonoskopi hazırlığını kolaylaştırmak için NGS'yi düşünün.

Şekil 1. Alt Gastrointestinal Kanamaya Yaklaşım (79)

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