BÖLÜM 11

MORTALİTE, MORBİDİTE VE PROGNOSTİK FAKTÖRLER

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GİRİŞ

Konjenital diyafram hernilerininin (KDH) yol açtığı temel patofizyolojik sorunlar, fıtıklaşan organların göğüs boşluğundaki akciğerleri sıkıştırması sonucu oluşan pulmoner hipoplazi ve anormal akciğer vaskülarizasyonu nedeniyle ortaya çıkan pulmoner hipertansiyondur (PH). Bu patolojiler, KDH'deki yüksek mortalite ve ciddi morbiditenin ana nedenidir.

Embriyolojik olarak açık kalan defektin çapı ve ek anomaliler de diğer etkenlerdendir. Bu bölümde, KDH'de erken ve geç dönem morbidite ve mortalite durumları incelenecek ve klinik sonuçları öngörmede kullanılan prognostik faktörler ayrıntılı olarak ele alınacaktır.

Mortalite

KDH' lerin çoğunluğunu oluşturan Bochdalek hernisinin prognozu oldukça değişkenlik gösterir. Bir uçta rutin tedavi ile tamamen normal yaşam sürebilen olgular varken, diğer uçta her türlü ileri destek tedavisine rağmen kaybedilen olgular vardır. Bochdalek hernisi olgularında genel mortalite %40 – 60 olmakla birlikte artan teknolojik imkanlar ve tedavi prosedürleri ile günümüzde sağkalım %70-80 civarındadır (1).

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edilmelidir.Hastaların acil durumla (volvulus, obstrüksiyon) hastaneye başvurması, elektif onarıma göre mortalite ve morbiditeyi önemli ölçüde artırır.

KDH, yüksek morbidite ve mortalite oranları nedeniyle multidisipliner bir yaklaşım gerektiren, neonatal dönemin en zorlu patolojilerinden biridir. Pulmoner hipoplazi ve pulmoner hipertansiyon, kardiyak patolojiler ve anomaliler ile birlikte prognozu belirleyen ana faktörlerdir.

Prognozun doğru bir şekilde tahmin edilmesi için karaciğer herniasyonu ve O/E LHR gibi prenatal belirteçlerin kullanılması esastır. Doğum sonrası dönemde ise oksijenizasyon indeksi ve PH şiddeti; cerrahi zamanlaması ve HFOV-ECMO kararları için yol göstericidir.

Postoperatif dönemde başarılı cerrahi onarımın yanı sıra, hayatta kalan çocuklarda kronik akciğer hastalıkları, nörogelişimsel patolojiler ve GÖR gibi uzun dönem morbidite sorunları için yaşam boyu sürecek kapsamlı takip programları gereklidir. Mortalite ve morbiditenin azaltılması için gelecekteki araştırmalar PH'un daha etkili tedavisine ve pulmoner hipoplazinin geri döndürülmesine odaklanmalıdır.

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