

Bölüm 16

YOĞUN BAKIMDA KALP YETMEZLİĞİ

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GİRİŞ

Kalp yetmezliği (KY); kalbin işlevsel olarak normal olmadığı durumlarda, istirahat ya da hareket esnasında azalmış kardiyak output ve artmış intrakardiyak basıncın sonucunda tipik belirtiler (nefes daralması, ayak bileği şişlik ile halsizlik) bunlarla beraber (juguler venöz basınç yükselme, akciğerde dinlemekle raller ve periferik ödem) karakterize bir klinik tablodur. Tanı sadece laboratuvar veya radyolojik testlerle değil, detaylı klinik değerlendirmenin korelasyonu ile yapılır (1).

Terminoloji: Sol ventrikül ejeksiyon fraksiyonuna (LVEF), semptomların ciddiyeti ve oluş zamanına göre gruplara ayrılmış olup gruplar aşağıdaki şekilde güncellenmiştir (Tablo 1).

- 1.HFrEF (Azalmış EF'li KY)
- 2.HfmrEF (Sınırdaki EF'li KY)
- 3.HfpEF (Korunmuş EF'li KY)

Sol kalp yetmezliği 3 tipte olabilir. EF %40 ın altına düşenlerde sistolik KY, EF %50 üstü ama yine de KY olan tipine diyastolik KY ve EF%40-

50 arası olanlarda orta zonda KY denilmektedir. Sistolik kalp yetmezliğinin en sık sebebi geçirilmiş kalp krizidir. Diğer nedenler arasında myokardit ve kardiyomyopatileri sayabiliriz. Diyastolik KY ise hipertansiyon ya da aort stenozu gibi sebeplerle oluşur. Her iki tip yetmezlikte de aorta atılan kanda azalma (kardiyak debide düşme) ve sol ventrikül diyastol sonu basıncında artış vardır ve artan sol ventrikül içi basınç, sol atriya ve oradan da akciğere yansır. Bu durum pulmoner kapiller wedge (PCW) basıncını arttırır ve artan bu basınç da (22 mmHg üstü) akciğerde önce interstisyel ödeme, daha çok artarsa (30-40 mmHg üstü) alveoler ödeme ve ortopneik akciğer ödemi-ne yol açar.

Belirtilerin şiddetine göre New York Heart Association (NYHA)'ın işlevsel sınıflaması yapılmış, NYHA Sınıfı Belirtiler (New York Kalp Akademisi, NYHA) son olarak 1994 yılında rapor edilmiştir. NYHA sınıflaması güçlü bir prognoz belirteci ve risk belirleyicisidir (Tablo- 2).

Tablo -1

KY Tipi		HfrEF	HfmrEF	HfpEF
Kriterler	1	Belirti+Bulgular	Belirti+Bulgular	Belirti+Bulgular
Kriterler	2	LVEF<%40	LVEF%40-49	LVEF>%50
Kriterler	3		1.Yükselmiş NP düzeyi 2.Ek kriterlerden en az biri a) Alta yatan yapısal kalp hastalığı b) Diyastolik işlev bozukluğu	1. Yükselmiş NP düzeyi 2.Ek kriterlerden en az biri a) Alta yatan yapısal kalp hastalığı b) Diyastolik işlev bozukluğu

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Sağ ventrikülün ardyükün azaltılması, ön yükün düzenlenmesi ve kontraktilitenin artırılması klinik yönetimin temelidir. Hiperkarbiden kaçınılmalı ve gerekirse mekanik ventilatör desteği verilmelidir.

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