Bölüm
31

AKUT İSKEMİK İNMEYE YAKLAŞIM

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GİRİŞ

Son yıllarda mortalite ve *yeti yitimine ayarlanmış yaşam yılı*'ndaki azalmaya rağmen akut iskemik inme, dünya çapında sosyal ve ekonomik sonuçları ile üçüncü önde gelen ölüm nedenidir. Akut iskemik inme aynı zamanda kalıcı engelliliğin de önemli bir nedeni olmaya devam etmektedir (1).

İskemik inme aşağıdaki koşullara dayanarak beyin, omurilik veya retina hücrelerinin iskemiye bağlı ölümü olarak tanımlanabilir:

1. Tanımlanmış bir vasküler sulama alanı içerisinde serebral, spinal kord veya retinadaki fokal iskemik hasarı, patolojik bulguları, görüntüleme yöntemleri ve diğer objektif kanıtlar ile ortaya koymak.
2. Semptomların en az 24 saat devam ettiği (bazen oturmuş iskemi olsa bile yakınmalar klinik olarak 24 saatten önce de düzelebilir), serebral, spinal kord veya retinadaki fokal iskemik hasara ait klinik bulgulara ek olarak diğer etiyolojilerin dışlanması.

İnme genel olarak üç kategoriye ayrılır: iskemik inme, hemorajik inme ve subaraknoid kanama**.** İskemik inme, beyne kan akışını sağlayan damarların tıkanması nedeniyle ortaya çıkar. Kan damarlarının rüptüre olması neticesinde intrakranial alana kanama, hemorajik inme olarak adlandırılır (2).

İskemik inme tüm serobrovasküler hastaların yaklaşık % 85'nden sorumludur (3).

Reperfüzyon tedavisindeki her bir dakika gecikmede tahmini iki milyon nöron kaybı olduğu varsayılır (4). Zamana bağlı tedaviler akut iskemik inmenin nörolojik sekellerini dramatik olarak değiştirebileceği için inmenin hızlı tanınması önemlidir**.** "*Zaman beyindir*" ifadesi, olası akut iskemik inmeli bir hastayı değerlendirirken ve tedavi ederken akılda tutulmalıdır.

İSKEMİK İNME SINIFLANDIRMASI

''*Trial of Org. in Acute Stroke Treatment* (TOAST) 'a göre üç çeşit iskemik inme vardır (5).

1. Büyük damar inmesi
2. Küçük damar inmesi veya laküner inme
3. Kardiyoembolik İnme

Büyük damar inmesi internal karotid arter, orta serabral arter, anterior serabral arter gibi beynin ana arterlerinin trombüs ve embolik tıkanmasından kaynaklanır. Laküner inme ise beynin derin yapılarını besleyen perforan kan damarlarının tutulumundan kaynaklanır. Kardiyak kökenli embolizm, tüm iskemik inmelerin yaklaşık % 15 ila % 20'sini oluşturur. Kardiyak emboli trombosit, fibrin, kalsiyum, mikroorganizmalar veya neoplastik fragmanlardan oluşabilir.

RİSK FAKTÖRLERİ:

Modifiye Edilemeyenler

- Yaş
- Irk
- Cinsiyet
- Etnik
- Migren öyküsü
- Fibromusküler displazi

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bilitasyon programlarının inme hastalarını topluma yeniden kazandırmada önemli olduğu konusunda genel bir fikir birliği vardır.

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