

Bölüm 12

SINIRDA (MID-RANGE) EJEKSİYON FRAKSİYONLU KALP YETERSİZLİĞİNE GÜNCEL YAKLAŞIM

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GİRİŞ

Kalp yetersizliği (KY) farklı etiyolojik nedenlere bağlı olarak gelişebilen, yaygın görülen, hastaneye yatışların ana nedenlerinden biri olan, karmaşık bir klinik tablodur. Klinik olarak KY, kalpteki yapısal veya işlevsel bozukluktan kaynaklanan, hastalarda tipik belirti (nefes darlığı, ayak bileğinde şişme ve halsizlik gibi) ve bulguların (artmış juguler ven basıncı, akciğerde krepitasyon ve kalp tepe atımının yer değiştirmesi gibi) görüldüğü klinik bir sendrom olarak tanımlanabilir (Ponikowski & ark., 2016). Erişkin hastalarda KY prevalansı %2 civarında olup, 65 yaş ve üzeri hasta popülasyonunda bu oran %8-10'a kadar çıkmaktadır (Mosterd & Hoes, 2007). Bu nedenle KY mekanizmasının daha iyi anlaşılması ve buna bağlı olarak tedavinin optimize edilmesi büyük önem taşımaktadır. KY, önceleri kardiyak disfonksiyonun tipine göre sistolik ve diyastolik KY olarak sınıflandırılmıştır (Alagiakrishnan & ark., 2013). Bu sınıflama, primer patolojinin pompa disfonksiyonu ya da ventrikül doluşu bozukluğu olup olmadığını ayırt etmede teorik olarak kullanışlıdır. Fakat pratik uygulamada sistolik ve diyastolik disfonksiyon çoğu zaman beraber bulunmaktadır (De Keulenaer & Brutsaert, 2011). Son yıllarda sol ventrikül ejeksiyon fraksiyonunun (SVEF) hesaplanmasına dayanan, “düşük ejeksiyon fraksiyonlu kalp yetersizliği (DEF-KY)” ve “korunmuş ejeksiyon fraksiyonlu kalp yetersizliği (KEF-KY)” KY’yi sınıflandırmak için daha çok tercih edilen terimler haline gelmiştir (Alagiakrishnan & ark., 2013). Bu terminoloji KY’nin altta yatan karmaşık sebeplerini hatalı bir şekilde kategorize etmeden, daha kolay ve daha pratik bir sınıflamaya olanak vermektedir. Modern KY tedavisi de bu sınıflamaya göre şekillenmektedir. Son kılavuzlar KY’yi; SVEF < %40 ise DEF-KY, SVEF \geq %50 ise KEF-KY olarak sınıflandırmıştır. SVEF %40-49 olan hastalar ise “sınırdaki (mid-range) ejeksiyon fraksiyonlu kalp yetersizliği (SEF-KY)” grubunda kategorize edilmiştir (Ponikowski & ark., 2016, Yancy & ark., 2013). Hem SEF-KY hastalarının tedavi yanıtlarının KEF-KY hastalarından farklı olması nedeniyle; hem de bu hasta grubunun karakteristik özelliklerinin,

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