

Bölüm 22

AKUT ST ELEVASYONLU MYOKARD İNFARKTÜSÜ

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TANIMLAMA

ST- elevasyonlu miyokard infarktüsü (STEMI) iskemi düşündüren tipik persistan göğüs rahatsızlığı veya benzer şikayetlerle seyreden, EKG de ardışık 2 derivasyonda ST segment elevasyonunun izlendiği klinik tablo olarak tariflenmektedir. STEMI hastalarının çoğunluğu tip 1 miyokard infarktüsü (koroner trombusün kanıtlandığı) olarak tariflenmektedir. Ancak bazı STEMI hastaları diğer miyokard infarktüsü sınıfına dahil olabilir (Agewall et al., 2017).

ACİL DEĞERLENDİRME

İlk tanı

STEMI tanı ve tedavisini içeren yönetimi ilk tıbbi temas ile başlar. İlk temas ile hastanın reperfüzyon stratejisi belirleneceği için sağlık ekibinin STEMI konusunda yeterli ve etkili olması gerekmektedir. STEMI tanısı için hastanın iskemi düşündüren semptomlarının varlığı ve 12 derivasyonlu EKG bulgusu yeterlidir. Tanı ilk tıbbi temastan 10 dk içinde konmalıdır.

Akut miyokard iskemisinin klasik semptomu, genellikle basınç, ezilme, ağrı veya yanma hissi olarak tanımlanan prekordiyal veya retrosternal rahatsızlıktır. Rahatsızlığın boyun, sırt veya kollara yayılması sık sık meydana gelir ve ağrı sıklıkla kalıcıdır. Rahatsızlık tipik olarak birkaç dakika boyunca maksimum yoğunluğa ulaşır ve nefes darlığı, bulantı, terleme, yaklaşan ölüm korkusuyla ilişkilendirilebilir. Bazı hastalar, özellikle yaşlılar, senkop, açıklanamayan mide bulantısı ve kusma, ajitasyon veya çarpıntı ile de ortaya çıkabilir (de Torbal et al., 2006). İleri yaştaki (> 75 yaş) semptomların genç hastalardan daha atipik olma olasılığı daha yüksektir ve bir tıbbi uzman ilk değerlendirmede uyanık değilse, tanı konamayabilir.

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