

Bölüm 25

VAZOSPASTİK ANJİNA

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GENEL BİLGİLER

Efordan kaynaklanmayan anginayı ilk kez Heberden ve ark. 1772' de tanımlamıştır (Silvermen ,1987). 1959' da ise Prinzmetal ve ark. 23 vakalık bir vaka serisi ile anginanın başka bir türü manasına gelen 'variant angina' adı ile bugün ki manada bildiğimiz variant angina, Prinzmetal's angina ya da vazospastik angina (VSA) adlı klinik durumu tanımlamıştır (Prinzmetal & ark., 1959). Prinzmetal's angina eforla olmayan ve ST elevasyonunun eşlik edebildiği bir angina türüdür. Uzak doğuda özellikle Japonya' da daha sık görülen bu klinik durum akut myokard enfarktüsü, ventriküler fibrillasyon, ani kardiyak ölüm gibi ciddi klinik durumlara neden olabilir (Kusama & ark., 2011). Kalsiyum kanal blokerlerinin antihipertansif olarak kullanımının artması nedeniyle insidansı düşme eğilimindedir. Fakat 2016' da Kim ve ark. yayınladığı bir çalışmada 2009' dan 2011' e kadar yıllık insidansın arttığı bulmuştur (Kim & ark., 2016). 1978 'de Maseri ve ark. 138 vakalık bir hasta serisiyle Prinzmetal Angina'nın daha polimorfik bir hastalık olduğunu ortaya çıkarmıştır (Maseri & ark., 1978).

EPİDEMİYOLOJİ

Coğrafi bölgelere göre prevalansında ciddi farklar vardır. Bu gerçek bir farktan kaynaklanabileceği gibi hastalık hakkındaki farkındalık, uygulanan tanı kriterleri ve tanı testleri ile ilişkili olabilir. Amerika Birleşik Devletleri' nde yapılan bir çalışmada Harding ve ark. 3447 koroner anjiyografide (KAG) ergonovin ile provokasyon testi yapılan vakaların % 4'ünde vazospazm (koroner arterlerde en az %75 spazm) tespit etmiştir (Harding & ark., 1992).

Fransa' da Bertrand ve ark. 1089 hastada methergin ile provokasyon testi yapmış göğüs ağrısı nedeni ile KAG yapılan popülasyonda %15 oranında vazospazm tespit etmişlerdir (Bertrand & ark., 1982).

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Tablo 6. Japon koroner spazm derneği(JCSA) risk skoru

Hastane dışı kardiyak arrest	4 puan
Sigara kullanımı	2 puan
Sadece istirahat anginası	2 puan
Organic koroner stenoz	2 puan
Multidamar stenozu	(her biri için 2 puan)
Angina esnasında ST segment elevasyonu	1 puan
Beta bloker kullanımı	1 puan

Bu skora göre 3 grup tanımlanmıştır. 0-2 puan düşük riskli, 3-5 puan orta riskli, 6 ve üzeri puan yüksek riskli grup olarak tanımlanmıştır ve bu 3 grupta MACE oranları sırasıyla %2.5, %7 ve %13 olarak bulunmuştur.

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