

Bölüm 28

MİYOKART ENFARKTÜSÜ EVRENSEL TANIMI

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GİRİŞ

Ondokuzuncu yüzyıl sonlarında yapılan postmortem çalışmalar Miyokart enfarktüsü (ME) ile koroner arterlerin trombotik tıkanması arasındaki ilişkiyi ortaya koymuştur(Hammer&ark,1878).Klinik olarak bu bağlantının kurulması ise yirminci yüzyıl başlarına dayanmaktadır(Obratzow&ark.,1910-Herrick ,1912). ME tanımlaması bu gruptaki hastaların tanı sınırlarını net olarak çizilmesi ve tedavi yöntemlerinin standart hale getirilip daha geliştirilmesi açısından önemli görüldü. İlk global tanımlama dünya sağlık örgütü çalışma grubu tarafından elektrokardiyografi (EKG) temel alınarak 1950’li yıllarda yapılabildi (World Health Organization,1971). Bu tanımlama küçük değişikliklerle epidemiyolojik çalışmalarda hala kullanılmaktadır.

Miyokart dokusuna duyarlı ve özgül kardiyak biyobelirteçlerin ve daha duyarlı görüntüleme tekniklerinin gelişmesi, günümüzde çok küçük miktardaki miyokart hasarının veya nekrozunun tespit edilebilmesini sağlamaktadır. Birinci Küresel ME Görev Grubu (the First Global MI Task Force), 2000 yılında, biyobelirteçler üzerine vurgu yaparak miyokarttaki herhangi bir nekrozun ME olarak değerlendirmesini savunan bir tanımlama yaptı (The Joint European Society of Cardiology/American College of Cardiology Committee. Myocardial infarction redefined,2000). 2007 yılında, İkinci Küresel ME Görev Grubu tarafından hazırlanan Miyokart Enfarktüsünün Evrensel Tanımı Uzlaşı Belgesi biyobelirteçlere ek olarak farklı klinik durumları da ilave ederek yeni bir tanımlama yaptı(Thygesen&ark.,2007).Miyokart hasarlanmasını gösteren daha duyarlı biyobelirteçlerin geliştirilmesi ve koroner prosedür işlemleri yapılan hastalarla ilgili yeni bir tanımlama ihtiyacı doğması nedeniyle 2012 yılında Avrupa Kardiyoloji Derneği (European Society of Cardiology, ESC), Amerikan Kardiyoloji Derneği Vakfı (American College of Cardiology Foundation, ACCF), Amerikan Kalp Birliği (American Heart Association, AHA) ve Dünya Kalp Federasyonu (World Heart Federation, WHF) tarafından üçüncü evrensel ME tanımlası yayınlandı(Thygesen&ark., 2012). 2018 yılında 4.cü evrensel ME tanımlaması bütün bunlara ilaveten miyokart hasarı üzerine vurgu yapmıştır. Miyokard hasarı,

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ülkede ekonomik kaynakların eşit olmayışı sağlık harcamalarına ayrılan bütçeler arasındada ciddi farklılıklar yaratmaktadır. İmkanı olan ülkelerde önerilen tüm tanı kriterleri kullanılmasına rağmen bu imkanı az olan ülkelere bazen sadece klinik bir değerlendirme bile yeterli olabilir. Tüm bu gelişmelere rağmen terapötik ve tanısal gelişmelerin arasındaki boşluğun doldurulması için yeni araştırma ve gelişmelere ihtiyaç vardır.

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