Bölüm 8

HİPERTANSİF ACİLLER

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GİRİŞ

Hipertansiyon, ofis kan basıncı ölçümlerinde 140 mm Hg'den daha büyük bir sistolik kan basıncı ve/veya 90 mm Hg'den daha büyük bir diyastolik kan basıncı olarak tanımlanmaktadır (1). Hipertansiyon, sürekli kan basıncı yüksekliği ile kendini gösteren, sistemik bir hastalık olup, ciddi komplikasyonlara neden olması ve toplumda yaygın olarak görülmesi nedeniyle önemli bir sağlık problemidir. Hipertansiyon, 20 yaş üzerindeki toplumun yaklaşık üçte birinde görülen kronik bir hastalıktır (2). Hipertansiyon tanı ve tedavisinin amacı; kalp, beyin, damar ve böbrek gibi end-organ hastalıklarına bağlı gelişen morbidite ve mortaliteyi azaltmaktır. Bu nedenle, yüksek riskli bireyleri belirlemek, izlem ve tedavi ilkelerini sağlamak amacıyla, sürekli güncellenen kılavuzların öncüllüğünde yetişkinler için kan basıncı sınıflamaları yapılmaktadır. Hipertansif aciller, bilinen hipertansiyonu olan hastalarda gelişebileceği gibi, daha önce normotansif olan hastalarda da gelişebilir. Hipertansiyon hastalarının yaklaşık %1-2'si yaşamları boyunca en az bir kez hipertansif acil durum ile acil servise başvuruda bulunduğu bildirilmiştir (3).

TANIM

Hipertansif kriz ikiye ayrılır. Hipertansif öncelikli durum(hipertensive urgency) ve hipertansif acil durum (hipertensive emergency). Her ikisi de 180 mm Hg'dan daha yüksek bir sistolik kan basıncı ve 120 mm Hg'dan daha yüksek bir diyastolik kan basıncı olarak tanımlanır. Ancak hipertansif acil durum, hipertansif öncelikli durumdan organ hasarının varlığı ile ayırt edilir. Hipertansif acil durum ve hipertansif öncelikli durumu ayırt ettirmede herhangi bir kan basıncı eşik değeri yoktur. Ayırt ettirici özellik endorgan hasarının varlığı ya da yokluğudur (1). Hedef organ hasarına örnek olarak hipertansif ensefalopati, intrakranial kanama, akut iskemik inme, akut miyokart infarktüsü, akciğer ödemi, akut sol ventrikül yetmezliği, unstabil anjina pektoris, aort disseksiyonu, akut böbrek yetmezliği

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dopamin reseptörleri üzerindeki spesifik etkileri vardır. Toksik metabolit üretmez ve tansiyon düşürmede nitroprussid kadar etkili olduğu gösterilmiştir (49).

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