

Bölüm 14

İNFEKTİF ENDOKARDİT TANI VE TEDAVİ YÖNTEMLERİ

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EPİDEMİYOLOJİ

İnfektif endokardit (İE), toplumdan edinilmiş ya da hastane kaynaklı enfeksiyon olarak karşımıza çıkmaktadır (1). Toplumdan edinilmiş endokarditte yakın zamanda hastane yatışı olmaması ve hastaneye başvuru sonrasında 48 saat içinde tanı almış olması gerekmektedir. Hastane kaynaklı İE ise hastane ortamı ile yakın zamanda temas halinde olunması ve hastaneye yatıştan 48 saat sonra semptomların başlamasıyla gelişen İE anlamına gelmektedir.

2000 ve 2011 arasında, ABD’de İE’nin görülme sıklığı 11/100.000’den 15/100.000’e yükselmiştir (2, 3). İE’nin kesin insidansını tespit etmek zordur, çünkü vaka tanımları zaman içinde yazarlar ve klinik merkezler arasında değişmiştir (4). Ek olarak, romatizmal kalp hastalığı veya damar içi enjeksiyon ilaç kullanımı gibi predispozan faktörlerin görülme sıklığı zaman içinde ve bölgeler arasında değişkenlik göstermektedir(5).

RİSK FAKTÖRLERİ

Yaş, erkek cinsiyet, damar içi ilaç kullanımı, dental enfeksiyon, yapısal kalp hastalığı, kapak hastalığı, konjenital kalp hastalığı, aort darlığı, biküspid aort kapığı (6), pulmoner darlık, ventriküler septal defekt, patent duktus arteriyozus, aort koarktasyonu ve Fallot tetralojisi risk faktörlerindedir. Konjenital aort darlığı, pulmoner darlık veya ventriküler septal defekti olan 2401 hastayı içeren bir seride endokardit insidansı yıllık 100.000’de 135 idi (7). İE en sık aort darlığı ve ventriküler septal defekti olan hastalarda görülmekteydi. Aort darlığı olan hastalarda aort akım tepe hızı arttıkça İE insidansı artmaktadır. Konjenital kalp hastalıkları arasında en az sıklıkla İE geçiren grup pulmoner darlık hastalarıdır. Ayrıca prostetik kalp kapakları, transkatater aort kapak değişimi, daha önceden geçirilmiş İE öyküsü, intravasküler cihazlar, implante edilebilir kardiyak cihazlar, kronik hemodiyaliz risk faktörlerindedir.

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