

## Bölüm 27

### TOKSİNLER VE KALP

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#### GİRİŞ

Toksinlerin kalp üzerine etkileri, kalp pompa fonksiyonu veya kalp ritmi üzerinde bir etkisi olacağından ortaya çıkabilecek komplikasyonlar önemsiz kabul edilemez. Toksik ajanlar genel olarak doğrudan toksisite, anormal metabolizma, aşırı duyarlılık, aşırı doz ve / veya ilaç etkileşimi mekanizmalarından biri veya daha fazlası ile kardiyak toksisiteye neden olurlar. Bu bölümün amacı, tıbbi veya eğlence amaçlı ilaçlara ve çevresel maruziyete bağlı görülen toksik ajanları incelemektir.

#### ETANOL

Etanol kullanımına bağlı toksisite batı toplumlarında ve Amerika Birleşik Devleti 'de hala sık görülen bir durumdur ve her gün ortalama altı kişi alkol toksisitesine bağlı ölmektedir (Kannel, Abbott, Savage, & McNamara, 1982).

Etanol toksisitesinin belirti ve semptomları etanol miktarı, kullanımının sıklığı ve düzeni, hastanın genetiğine bağlı olarak geniş ölçüde değişir (Sullivan, Hauptman, & Bronstein, 1987). Buna bağlı olarak etanol toksisitesinin klinik belirti ve semptomları kan etanol konsantrasyonu ile ilişkili olmayabilir. En az beş yıllık bir süre boyunca günde > 80 g alkol tüketimi, ağır alkol tüketimi olarak tanımlanır. Ağır alkol tüketimi sekonder dilate kardiyomyopatinin önde gelen bir nedenidir (McKenna, Codd, McCann, & Sugrue, 1998). Alkol tüketimi ile kalp yetmezliği arasında J-şeklinde ilişki görünmektedir. Düşük ve orta düzeyde alkol alım seviyelerinde düşük, ağır alkol tüketimi ile yüksek bir ilişkisi vardır (Walsh et al., 2002). Alkolik kardiyomyopatinin patogenezi tam olarak anlaşılmamıştır. Etanol ve metabolitlerinin etkisine bağlı olarak kalıcı miyokard hasarına neden olur. Karaciğerde alkol dehidrogenaz tarafından üretilen asetaldehit en iyi bilinen toksik metabolitidir. Asetaldehitin, mitokondriyal disfonksiyon, oksidatif hasar ve bozulmuş kalsiyum iyonu homeostazisini içeren, tam olarak anlaşılmayan bir süreçle miyokard depresyonuna neden olduğu düşünülmektedir (Laurent et al., 2014; Oba,

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blok görülebilir (Zipes et al., 2018). Hastalarda Akut miyokard hasarı, yaygındır ve artan uzun süreli mortalite ile ilişkilidir. Yapılan bir çalışmada olguların üçte birinde miyokard iskemisi karakteristik elektrokardiyografik değişiklikleri veya yüksek serum kardiyak biyobelirteçler bulunmuştur (Satran et al., 2005).

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