Bölüm 29

KARDİYAK TRAVMA

Sümeyye Fatma ÖZER[1]

GİRİŞ

Travmatik yaralanmalar, 44 yaş altı erişkinlerde ölümün en sık nedenidir (Injury prevention and control). Torasik yaralanmalar, travmaların en sık üçüncü sebebi olup, yüksek mortalite ve morbiditeye sahiptir ve travma ilişkili ölümlerin %25'inden sorumludur (Oikonomou & Prassopoulos, 2011). Kardiyak yaralanması olan hastaların yaklaşık %50'si kaza yerinde ölür. Bu yüzden vital bulguları alınabilen künt ya da delici yaralanması olan hastaların, uzman cerrahi değerlendirme yapılabilmesi için travma merkezlerine hızlı bir şekilde taşınması hayati önem taşır.

Kardiyak travma ile gelen hastada öncelikle hava yolu, solunum ve dolaşım desteği sağlanmalıdır. Fizik muayenede vital bulgular, perfierik nabızlar, kalp yetmezliği bulguları, üfürümler, boyun venleri, pulsus paradoksus varlığı hızlı bir şekilde değerlendirilmelidir. Stabil olmayan hastalarda ekokardiyografik değerlendirme yapmak ciddi kardiyak yaralanmaların erken teşhis ve tedavisinde önem taşımaktadır. Ekokardiyografi yapılamayan unstabil olgularda göğüs radyografisi çekmek aort diseksiyonu ya da kardiak tamponad hakkında bilgi verebilir. Daha stabil olan hastalarda ise transtorasik ekokardiyografi (TTE), transözefageal ekokardiyografi (TEE), bilgisayarlı tomografi ve torakoskopi tanı amacıyla kullanılabilir. Künt kardiyak travmalı düşük risk grubundaki hastaların belirlenmesinde normal elektrokardiyogram (EKG) bulguları anlamlı olabilir; ancak anormal EKG ve yükselen troponin değerleri hastalığın ciddiyetinin belirlenmesinde yetersiz kalmaktadır (Kapaida & Topol , 2008). Hastalığın anatomik ciddiyetini belirlemek amacıyla American Association for the Surgery of Trauma (AAST), Organ Injury Scaling (OIS) (Tablo 1), Heart Injury Scale, Penetrating Thoracic Trauma Index (PTTI), Penetrating Trauma Index (PTI), Cardiovascular-Respiratory Score (CVRS) gibi indeksler kullanılmaktadır (Kapaida & Topol, 2008).

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tipl komorbiditesi olan, yaşlı, ciddi organ yaralanmalarının eşlik ettiği hastalarda yüksek operatif risk düşünülürse başvurulabilir (Anderson & Ferguson, 2014).

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