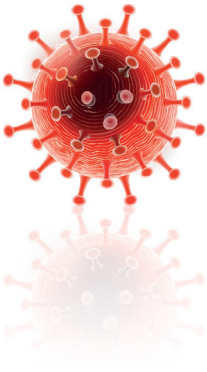

2. Bölüm
COVID-19 ve Kardiyovasküler Sistem

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2019 yılında Çin'in Wuhan kentinde başlayan hızla yayılan koronavirüs hastalığı (COVID-19) global bir pandemidir ve Dünya Sağlık Örgütü verilerine göre 13 Mayıs 2021 itibariyle küresel olarak 160 milyon pozitif vaka ve 3,3 milyon ölü sayısı ile halen yaşanmaktadır (1). COVID-19'un neden olduğu enfeksiyon Ciddi Akut Respiratuvar Sendrom-2 (SARS-CoV-2) olarak adlandırılmaktadır ve soğuk algınlığına neden olduğu bilinen diğer koronavirüs enfeksiyonlarından farklıdır. 2002 yılından tanıdığımız Zoonotik Ciddi Akut Respiratuvar Sendromu (SARS-CoV) ve 2012 yılından tanıdığımız Middle East Respiratuvar Sendromu (MERS) ile benzer özellikler göstermektedir(2). Tıpkı SARS ve MERS gibi SARS-CoV-2' nin yarasalardan ara konak olan Malayan Pangolinleri'ne, onlardan da insana taşındığına inanılmaktadır. SARS-CoV-2'nin ayırt edici bir özelliği MERS ve SARS'a kıyasla daha kapsamlı bir kardiyak tutulum yapmasıdır (3).

ETYOPATOGENEZ

COVID-19 kardiyovasküler sistemi çeşitli derecelerde etkilemekte, altta yatan kardiyovasküler hastalığı olanlarda daha ağır seyrtemekte, miyokard hasarı ve disfonksiyonuna neden olmaktadır. SARS-CoV-2 enfeksiyonu kalbe hem doğrudan hem de dolaylı yollardan hasar verebilmektedir (4).

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hastalıktır (64). COVID-19 hastalığında gözlenen inflamatuar sendrom ile kawasaki hastalığı arasında benzerlikler bulunmaktadır (65-66).

Bu otoimmun hastalık koroner arter anevrizmasına neden olabilir. Bu durum gözden kaçarsa ya da tedavi gecikirse koroner arter trombozu, miyokardiyal iskemi ve infarkta sebep olur (64). Bu çocukların bir kısmında akut miyokardiyal disfonksiyon veya sistemik hiperinflamasyona bağlı olarak şok gelişebilir. Tanı ve tedavi gecikirse istenmeyen kardiyak olaylarla (koroner arter dilatasyonu, anevrizması, aritmi) sonuçlanabilir (67-68).

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