BÖLÜM

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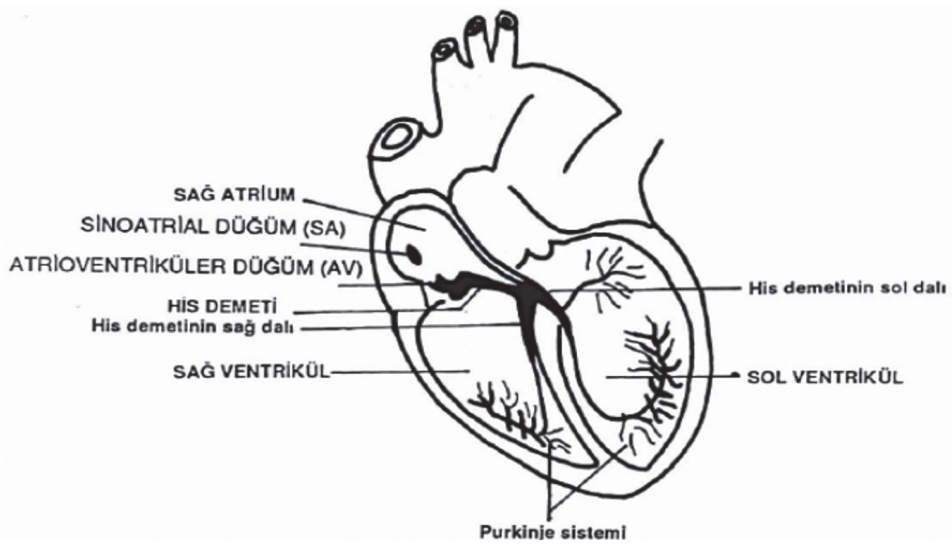
Acil Aritmiler ve Kardiyak Ritm Bozukluklarına Yaklaşım

Deniz ELÇİK[1]

1. Aritmiler

Aritmi kalpteki ritmin bozuk olarak tarif edilmektedir. Bu tanım bradikardi den taşikardiye kadar geniş bir yelpazede dağılım gösterir. Bu tanım çok basit görülse de tanı ve tedavide güçlük çekilen bir durumdur. Aritmiler anatomik olarak çıkış bölgesine göre isimlendirilirken bunların elektriksel bağlantıları unutulmamalıdır. Bu sebepten dolayı anatomik ve elektriksek değerlendirme yapılmalıdır.

Kalbin miyokard hücreleri tek tek elektrik ürete bilseler bile iletimi konusunda yetersiz kalmaktadırlar. Bunun için düzenli ve doğru iletim için özelleşmiş hücreler mevcuttur. Bu hücre grupları kalbin elektriksel sistemini oluşturup bir düzen içinde tüm kalbe iletilmesini sağlar. İletim sistemi sinüs düğümü ("sinus node", SA), his demeti ("bundle of his"), atriyoventriküler düğüm (atrioventricular node", AV), demet kolları ("bundle branches") ve purkinje liflerinden oluşur. Sinüs nod düğümünden çıkan elektriksel ileti



Şekil 1. Kalbin elektriksel anatomisi

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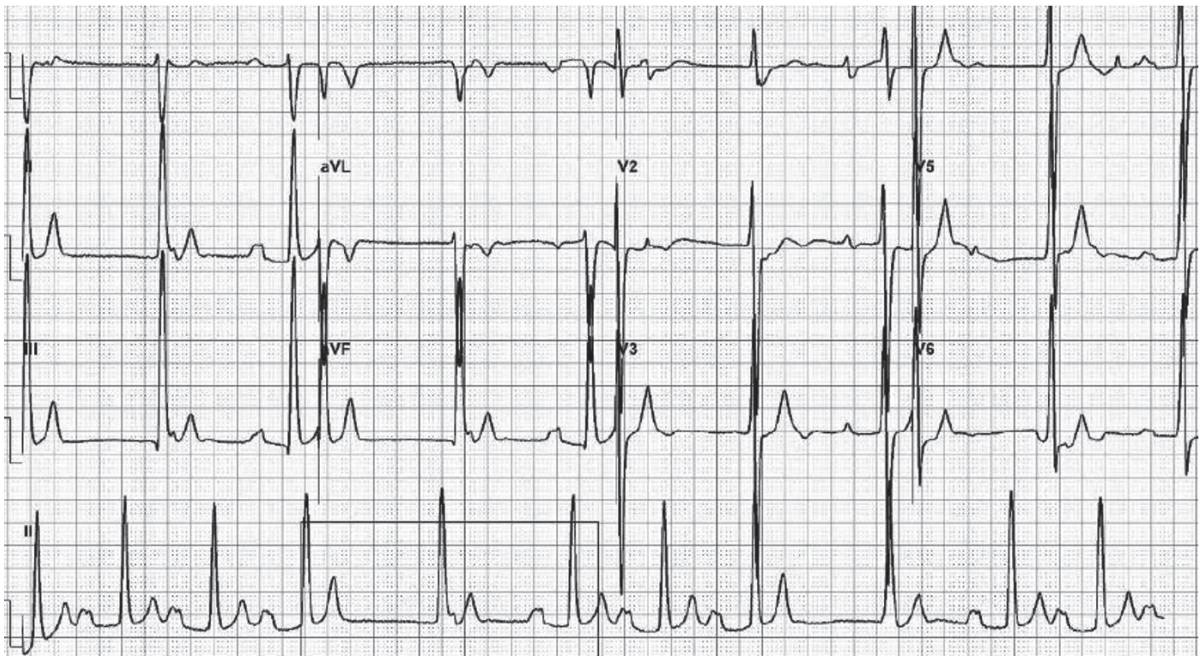

Şekil 11. Mobitz blok

edilir. Atropine cevap olmas ise acil serviste external pace takılabilir (ağrılı bir işlem olduğu için sedatize edilmelidir) veya venöz yol ile (femoral, juguler veya subklaviyen) geçici pacemaker takılabilir. Asıl tedavisi sekonder sebeplere bağlı değilse kalıcı pacemaker takılmasıdır (51).

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