



BÖLÜM | 16

Taşiaritmiler

Ahmet ERSEÇGİN¹

GİRİŞ

Bu bölümde acil şartlarda hızlı tanı ve tedavi gerektiren taşiaritmilerin doğru olarak tanınması, gerekli tedavisinin uygulanması yolunda adımlar anlatılacaktır.

Acil servise taşiaritmi ile başvuran hastanın akut tedavisinde iki temel noktaya dikkat edilmelidir: başvuru sırasındaki ritm bozukluğu hızlı ve hastada hemodinamik bozukluğa, kalp yetmezliği veya koroner iskemiye yol açıyorsa doğru akım (DA) kardiyoversiyon uygulanmalı, şayet söz konusu ritm hemodinamik bozukluğa yol açmıyorsa ve hasta stabilse 12 derivasyonlu elektrokardiyografi (EKG) kaydı alınmalı ve ritm anlaşılmalıdır (1).

Taşikardi ventrikül hızının dakikada 100 atımın üzerinde olmasıdır. Taşiaritmiler His demeti veya daha üzerinde bulunan dokudan köken alabilir veya kapsayabilir (supraventriküler taşikardi) veya ventriküler dokudan (ventriküler taşikardi) kaynaklanabilir.

Supraventriküler taşikardi (SVT) genelde düzenli, dar QRS kompleksli (≤ 120 ms) veya geniş QRS (> 120 ms) kompleksli ritmdir. Atriyal fibrilasyon (AF) ve ventriküler aritmiler (VA) haricindeki taşikardileri tanımlamak için kullanılmıştır. Bu sebeple, esasen supraventriküler bir ritm olmayan ve aksesuar yola bağlı ortaya çıkan atrioventriküler reentran taşikardiler (AVRT) de bu tanıma dahildir (2).

SVT nadiren hastaneye yatış gerektirir ve ventrikül kaynaklı taşikardiye göre daha az sıklıkta hayati tehdit eden semptomlara yol açar.

¹ Uzm. Dr., Bakırçay Üniversitesi Çiğli Eğitim ve Araştırma Hastanesi Kardiyoloji AD., ersecgin@gmail.com

mesafesini uzatabileceği unutulmamalıdır. Antiaritmik ilaçlar ve uzun dönem tedavide kullanılan antiaritmik dışı ilaçlarla klinik durumun stabilleşmesi sağlanır. Ventriküler aritmiye bağlı ani ölüm görülebileceğinden yüksek riskli hastalarda profilaksi amaçlı ICD takılması, tekrarlayan ve refrakter VT hastalarında kateter ablasyon etkili tedavi yöntemleridir.

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