



BÖLÜM | 20

Akut Kalp Yetersizliği ile Gelen Hastaya Yaklaşım

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Giriş

Kalp yetersizliği (KY); kalpte yapısal ve/veya fonksiyonel bozukluk nedeniyle ortaya çıkan kalp debisinde düşüş ve/veya kalp basınçlarında yükselme ile seyreden, hastalarda nefes darlığı, ortopne ve periferik ödem gibi semptomların yanında juguler venöz dolgunluk, pulmoner ve sistemik konjesyon bulgularına neden olabilen klinik bir sendromdur (1).

Akut kalp yetersizliği (AKY) KY semptom ve bulgularının hızla belirmesi ya da kötüleşmesi ile ortaya çıkan ve acil tedavi gerektiren KY'dir. Hastalarda AKY bulguları mevcut KY'nin semptom ve bulgularının kontrolsüz hipertansiyon, aritmiler, tedavi ve diyet uyumsuzlukları gibi nedenlerle ani kötüleşmesiyle gelişebileceği gibi, iskemik, toksik ya da inflamatuvar durumların akut miyokard hasarına neden olmasıyla da ortaya çıkabilir (1). Özellikle kontrolsüz hipertansiyonun, yeni gelişen ya da ilerleyen iskemik durumların ve atriyal aritmilerin var olan KY bulgularını kötüleştirerek hastaneye başvuruyu artırdığı bilinmektedir (2). Bu nedenle AKY ile başvuran hastalarda mevcut bulgulara neden olabilecek altta yatan hastalıklar geciktirilmeden değerlendirilmelidir. Altta yatan nedenin sıklıkla bir akut koroner sendrom (AKS) olduğu göz önünde bulundurulmalı (3) ve revaskülarizasyon gerektirebileceği akılda tutulmalıdır. Benzer şekilde hipotansiyon veya şok ile başvuran hastalarda AKY nedeni pulmoner emboli ise trombolitik tedavi veya embolektomi, bir aritmi ise acil elektriksel kardiyoversiyon planlanması düşünülmelidir (4, 5). AKS komplikasyonu, tamponata yol açabilecek göğüs travması ya da infektif endokardit seyrinde gelişebilecek korda rüptürleri de AKY nedeni olabilir ve hastalarda acil cerrahi operasyon ihtiyacı ortaya çıkabilir. AKY hayatı tehdit

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Kaynaklar

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