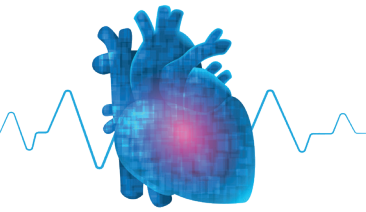

BÖLÜM | 25

Primer ve Sekonder Kardiyomiyopatiler ve Acil Durumlar

Yusuf DEMİR[1]

Giriş

Kardiyomiyopatinin tanımı ve sınıflandırılması zaman içinde değişiklik göstermekle birlikte temel olarak koroner arter hastalığı, hipertansiyon, kalp kapak hastalığı, konjenital kalp hastalığının eşlik etmediği, kalp boyutunda ve duvar kalınlıklarında kalınlaşma, incelme veya kalbin fonksiyonel kontraktil işlev bozukluğu ile karakterize geniş bir yelpazeye sahip kalp kası hastalıkları grubudur. 2006 yılında Amerikan Kalp Cemiyeti (AHA) tanımına göre; Kardiyomiyopatiler, genellikle uygun olmayan ventriküler hipertrofi veya kalp boşlularında dilatasyon gösteren ve çoğu zaman genetik temele dayanan, mekanik ve/veya elektriksel işlev bozukluğu ile ilişkili olan, miyokardın heterojen bir hastalık grubudur (1). Yine 2008 yılında Avrupa Kardiyoloji Derneği (ESC) kardiyomiyopatiyi; kalp kasının yapısal ve fonksiyonel olarak anormal olduğu kalp kası hastalığı olarak tanımlamıştır (2).

Sınıflama

Klinik uygulamada etiyoloji ve patofizyoloji net olmadığından kardiyomiyopatilerin sınıflandırılmasında fikir birliği hala tam olarak sağlanamamıştır (3). Kardiyomiyopatileri 2006 yılında Amerikan kalp cemiyeti Primer kardiyomiyopatiler ve sekonder kardiyomiyopatiler olarak iki ana kategoride incelemektedir (Tablo 1). Primer kardiyomiyopatiler; sadece veya daha çok kalp kasını ilgilendiren ve daha az görülen hastalıklar (genetik, genetik dışı, kazanılmış), daha sık olan sekonder kardiyomiyopatiler ise; sistemik hastalığın bir parçası olarak ortaya çıkan patolojik miyokard tutulumunu kapsayan kardiyomiyopatiler olarak tanımlanmıştır (1).

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ları olan bir hastalıktır. Ekg de özellikle göğüs derivasyonlarında ST segment elevasyonu görülür.

Özellikle ST elevasyonu varlığında takotsuba kardiyomiyopatisi ve akut koroner sendrom ayrımı yapılması mümkün değildir. Bu nedenle bu hastalara koroner anjiografi gerekmektedir. Ve bu hastalara ayrım yapılamadığından ST elevasyonlu MI protokolü uygulanmalıdır. Hastaların koroner anjiografileri normal veya ciddi olmayan koroner arter darlığı olarak görülür. Ventrikülografide apikal balonlaşma görülür.

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