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Pulmoner Emboli ve Tedavi Yöntemleri

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Giriş

Akut pulmoner emboli (PE), acil serviste sık görülen klinik görünümü değişken hatta bazen ölümcül olabilen bir hastalıktır. Tekrarlayan tromboembolizm ve ölümün önlenmesi için tedavinin zamanında uygulanması çok önemlidir (1-2).PE, sıklıkla alt ekstremitelerdeki derin ven trombozu (DVT) 'ndan kaynaklanan; tesadüfen saptanan, hatta bazen asemptomatik olan ve masif emboliye kadar değişik klinik spektrumu olabilen ciddi bir hastalıktır. (3)

Acil servislerde şüphelenilen vakaların sadece %35'inde PE tanısı konmasına rağmen mortalite oranı %10'dur.Son zamanlarda etkili tedavi yöntemlerinin, hızlı ve ulaşılabilir tanı araçlarının kullanımının ve klavuzların kullanımının artmasının PE prognozunda iyileşmeye neden olduğu görülmüştür. Bu durum PE vakalarının insidansını arttırırken ,tedaviye bağlı komplikasyonları ve ölüm oranını düşürmemiştir (4).

Risk Faktörleri

PE için bir çok risk faktörü vardır. Bunlar genetik ve kazanılmış risk faktörleri olabilir. Genetik risk faktörleri daha az oranda görülür. En bilinen risk faktörleri; pıhtılaşma sistemindeki mutasyonlara bağlı oluşan hastalıklardır. Kazanılmış risk faktörleri ise, son zamanlarda hastanede yatma hikâyesi, geçirilmiş cerrahi müdahale, immobilizasyon, kanser (%20 VTE riski), hormon ve steroid tedavisi (risk 2-3 kat fazla) ve gebeliktir.(5) Bununla birlikte son dönemlerde Çin'de başlayıp tüm dünyaya yayılan koronavirüsle ilişkili hastalık (COVID 19) sürecinde de şiddetli inflamasyon, hipoksemi ve bunlara bağlı

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ve 3. trimesterde ise %32 olarak bulunmuştur. (114) Gebelerde yüksek klinik olasılıklı PE veya pozitif D-dimer testi ile birlikte olan orta-düşük klinik olasılıklı PE şüpheli olgularda antikoagülasyon tedaviye başlanmalı ve eğer dopler USG ile proksimal DVT tespit edilirse hasta PE olarak kabul edilmelidir. Dopler USG'de DVT tespit edilmez ise akciğer grafisi normal olanlarda V/P sintigrafisi veya BTPA ile, akciğer grafisi anormal olanlarda BTPA ile tanı kesinleştirilmelidir. (30).

Gebelerde PE'nin tedavisinde tercih edilen en güvenilir ajan plesentayı geçmediği için DMAH ve UFH'dir. Vitamin K antagonistleri (VKA) ve non-vitamin K antagonistigibi oral antikoagülanlar kontrendikedir. Yüksek riskli hastalarda trombolitik tedavi ve cerrahi embolektomi kullanılabilir. Fakat yüksek riskli trombolitik ve embolektomi uygulanan hastalarda yapılan çalışmada yaşam oranı %90'ın üzerinde olmasına rağmen %18-58 oranında komplikasyon olarak majör kanama görülmüştür. Bu yüzden peripartum dönem gibi kanama riskinin yüksek olduğu dönemlerde yüksek riskli PE olgularında hayatı tehdit eden durumlar hariç rutin trombolitik tedavi uygulanması önerilmemektedir. Bu hastaların tedavisinde UFH ilk seçenek olarak tercih edilmelidir (115-116).

Sonuç olarak; PE şüphesi olan hastalarda hastanın kliniği ,D-dimer düzeyi ile birlikte skorlamaların yapılması hem tanının hızlı konulması ,hem de acil serviste gereksiz tetkik ve görüntüleme kullanımını azaltılması için önemlidir. Tanı ve tedaviye yol gösterecek skorlamaların klinisyenin tecrübe ve deneyimi ile birleştirilerek kullanılmasının hasta takip süresini kısaltarak acil servis yoğunluklarının azalmasına da neden olacağı düşünülmektedir.

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