

BÖLÜM 11

HİT: Heparin İlişkili Trombositopeni

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Giriş

Heparin, hem ayaktan tedavi edilen hem de yatan hastalarda en sık kullanılan antikoagülan ajan olup heparin ilişkili trombositopeni (HİT) kullanımını kısıtlayan ve iyi bilinen bir komplikasyonudur. Hastanede yatan bireylerde heparine bağlı trombositopeni %0,2-%3 sıklıkta görülmektedir. Trombositlerin yüzeyinde bulunan Platelet faktör 4 (PF4) ve heparin kompleksine karşı oluşan immunglobulin G (IgG) yapısındaki endojen antikorlar, trombositleri aktive hale getirerek heparin ilişkili trombositopeni (HİT) tablosundan sorumludur. Aktive hale gelen trombositler hem arteriyel hem de venöz trombozlara yol açarak hayatı tehdit eden tablolara yol açmaktadır ve tedavi edilmeyen hastalarda mortalite %20' lere ulaşmaktadır. Bu bölümde HİT' e bağlı olarak görülen klinik semptomlar ve HİT' in tanı ve tedavisi anlatılacaktır.

Heparin İlişkili Trombositopeni Epidemiyoloji ve Risk Faktörleri

Farklı kaynaklarda HİT sıklığı oldukça farklı oranlarda tanımlanmış olsa da; dört günden daha fazla sürede heparin kullanan hastalarda HİT sıklığı %0,1 ile %5 olarak bildirilmiştir (1, 2). Cerrahi sonrası heparin kullanan hastalarda HİT görülme sıklığı cerrahi dışı sebeplerle heparin tedavisi alan hastalara göre yaklaşık 3 kat artmıştır (3). Kardiyovasküler cerrahi geçirenlerde PF4/heparin kompleksine karşı oluşan antikorlar hastaların yaklaşık %20 -40'ında görülmekle birlikte HİT görülme sıklığı diğer cerrahi hastalarıyla

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