

37.

BÖLÜM

BÜYÜK DAMAR VASKÜLİTLERİ VE HİPERTANSİYON

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GİRİŞ

Damar duvarında gelişen inflamasyon, vaskülit olarak tanımlanır. Vaskülitler, birçok semptom ve bulguyla seyredabilen başta cilt, akciğer, böbrek ve kalp olmak üzere birçok doku ve organda hasara yol açabilen bir hastalık grubudur. Organ sınırlı vaskülitler (izole deri vaskülitleri veya santral sinir sisteminin prime anjiiti) ayrı tutmak kaydıyla, sistemik vaskülitlerde tutulan damarın boyutu ve lokalizasyonu, inflamasyonun yayılımı ve histopatolojik özellikler alt grubuna göre farklılık göstermektedir. Sistemik vaskülitler nadir (yıllık insidansı milyonda 100) görülmekte, ancak yüksek morbidite ve mortalite oranıyla seyretmesi nedeniyle hızlı tanı ve tedavi kararı gerektirir (1).

Vaskülitlerin klinik değerlendirmesi ve sınıflandırılmasında, yaygın olarak 1990 American College of Rheumatology (ACR) ve International Chapel Hill Consensus Conference (CHCC2012) kriterleri kullanılmaktadır (2, 3). CHCC, vaskülitleri etiyoloji, demografi, patogenez, patoloji ve klinik özellikleri değerlendirerek tanımlamıştır (Tablo 1). Sınıflandırmada, etkilenen damarın boyutu ilk kriter olarak belirlenerek büyük, orta ve küçük damar vaskülitleri olarak isimlendirilmiştir. Ancak, sınıflandırma damarın sadece boyutunu değil, aynı zamanda yapısal ve işlevsel özelliklerini yansıtır (Şekil 1)(3).

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çıkılmaktadır. DHA hastalarında antihipertansif tedavi seçenekleri olarak medikal tedavi; TAK hastalarında da medikal tedavinin tercih edilmesinin yanısıra medikal tedaviyle hipertansiyon kontrolü sağlanamayan ve/veya organ hasarı riski yüksek hastalarda anjiyografi ve/veya cerrahi gibi girişimsel işlem tedavi seçenekleri vardır.

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