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BÖLÜM

SEKONDER HİPERTANSİYON VE TEDAVİSİ

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GİRİŞ

Hipertansiyon (HT) tüm dünyada geçmişten günümüze yaygın olarak izlenen kronik hastalıklardan bir tanesidir. Minimum 5 dakika dinlenmenin ardından, 1-2 dk ara ile en az iki kan basıncı ölçümü sonrası sistolik arteryel kan basıncı değerinin ≥ 140 mmHg ve diyastolik arteryel kan basıncı değerinin ≥ 90 mmHg üzerinde olması hipertansiyon tanısı koydurur(1). Kardiyovasküler, serebral, renal yan etkileri olması nedeni ile tedavi edilmesi önem arz etmektedir. Ancak ne yazık ki tüm dünyada hipertansiyon vakalarının büyük çoğunluğunda etyolojik neden bulunamamaktadır. Tuz kullanımında aşırıya kaçmak, diyabetes mellitus, kronik böbrek yetersizliği, abdominal obezite, immobil hayat, uzun süreli steroid kullanımı gibi faktörler hipertansiyona yatkınlığı arttırmakla birlikte, hipertansiyon tanılı hastaların %90-95 'inde etyolojik tanı konulamamaktadır. (Primer, esansiyel veya idiopatik hipertansiyon) Tanı konulan %5-10 'luk kesim ise sekonder hipertansiyon olarak adlandırılmaktadır (2, 3, 4 5, 6).

YÖNETİMİ

Sekonder hipertansiyon, tanı konulabilen altta yatan bir etyolojinin bulunabilmesi (7) ve nedene yönelik medikal, invaziv girişimlere imkan verebilmesi bakımından önem kazanmaktadır. Bundan dolayı hastalar sekonder hipertansiyon nedenleri açısından dikkatle incelenmelidir.

Sekonder hipertansiyon açısından biz hekimlerde şüphe oluşturacak bazı ince noktaları şu şekilde sıralayabiliriz:

- Özellikle genç yaşta hipertansiyon başlangıcı (8)
- Özellikle 60 yaş üzeri yeni hipertansiyon tanısı alan hastalarda
- Hipertansiyona sekonder yaygın organ hasarının mevcudiyeti (1)
- Ani başlangıçlı olması

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