SENKOP İLE BAŞVURAN ÇOCUĞA YAKLAŞIM

23. BÖLÜM

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GİRİŞ

Senkop; geçici ve yaygın serebral hipoperfüzyondan kaynaklanan geçici postural tonus ve bilinç kaybının ardından nörolojik sekel olmadan spontan iyileşme olarak tanımlanmaktadır [1,2]. Genç hastalarda, senkop genellikle sistolik basıncın 70 mm Hg'nin altına düşmesi veya ortalama arteriyel basıncın 30 ile 40 mm Hg arasında olmasından kaynaklanır [3]. Senkop öncesinde birkaç saniye ile bir-iki dakika süren tipik olarak bulantı, epigastrik rahatsızlık, bulanık veya dar açılı görme, boğuk işitme, baş dönmesi, sersemlik, terleme, hiperventilasyon, çarpıntı, solgunluk, soğuk ve nemli cilt veya güçsüzlük gibi ayırtedici ve uyarıcı özellikleri olan prodrom dönemi bulunmaktadır [4,5]. Bu semptomlar hastada herhangi bir kombinasyonda ortaya çıkabilir veya hastada bir ataktan diğerine değişerek kendini gösterebilir. Prodrom dönemi yeterli sürede ise hastalar semptomlarını tanıyarak öğrenebilirler. Semptomları hafifletmek ve senkopu önlemek için uzanabilirler [6].

EPİDEMİYOLOJİ

Senkop, çocukların %15-25'ini kapsayan sık bir klinik durumdur. Genellikle tıbbi müdahale için sağlık kuruluşlarına başvurulmaz, bu nedenle çocuk acil servis başvurularının sadece %1'ini oluşturur [7,8]. Gerçek insidansı da büyük ölçüde bilinmemektedir. Framingham çalışmasının 26 yıllık sürveyansında, senkopun erkeklerin %3'ünde kadınların ise %3-%5'inde meydana geldiği belirtilmiştir [9]. Rochester Epidemiyolojik Projesi'nde Driscoll ve ark.'ı 5 yıllık iki dönem boyunca daha büyük çocuklar ve ergenler hakkındaki çalışmalarını yayınladılar [10]. İlk 5 yıllık dönemde (1950-1954), tıbbi müdahale gerektiren senkop vakalarının görülme sıklığı 100.000 kişi başına 71,9; ikinci çalışma döneminde (1987-1991) ise

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