



BÖLÜM 10

Pulmoner Emboli

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Giriş

Pulmoner emboli (PE), başka bir yerden kaynaklanan bir trombüs nedeniyle pulmoner arterdeki veya dallarındaki kan akışında bir kesinti olmasıdır. Derin ven trombozunda (DVT), en sık alt ekstremitelerde olmak üzere, derin damarlarda bir trombüs gelişir. PE genellikle bu trombüsün bir kısmı kırıldığında ve pulmoner dolaşıma girdiğinde ortaya çıkar. PE çok nadiren hava, yağ veya tümör hücreleri gibi diğer materyallerin pulmoner dolaşıma embolizasyonundan kaynaklanabilir (1). PE ve DVT ‘nin kombine spektrumu, venöz tromboembolizm olarak adlandırılır.

Etyoloji

Çoğu pulmoner emboli, alt ekstremitte DVT ‘lerinden kaynaklanır. Bu nedenle, pulmoner emboli (PE) için risk faktörleri DVT için risk faktörleri ile aynıdır. Virchow’un hiper pıhtılaşma, venöz staz ve endotelial hasar üçlüsü, bu risk faktörlerinin anlaşılmasını sağlar.

Risk faktörleri genetik ve edinilmiş olarak sınıflandırılabilir. Genetik risk faktörleri arasında faktör V Leiden mutasyonu, protrombin gen mutasyonu, protein C eksikliği, protein S eksikliği, hiperhomosisteinemi gibi trombofili içerir. Edinilmiş risk faktörleri arasında uzun süreli hareketsizlik (üç günden fazla yatak istirahati, uçak, araba, otobüs veya trenle 4 saatten fazla seyahat eden herkes), yakın zamanda ortopedik cerrahi, malignite, kalıcı venöz kateter, obezite, gebelik, sigara, oral kontraseptif hap kullanımı vb bulunur (2).

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PESI'de risk sınıflandırması

- Sınıf I: 65 veya daha düşük puanlar; 30 günlük düşük ölüm riski yüzde 1'den 6'ya kadar.
- Sınıf II: 66–85 Puanlar; % 1,7'den% 3,5'e düşük ölüm riski
- Sınıf III: 86-105 arası Puanlar; orta ölüm riski yüzde 3,2'den 7,1'e.
- Sınıf IV: 106–125 arası Puanlar; yüksek ölüm riski% 4,0'dan% 11,4'e.
- Sınıf V: 125'ten fazla puan; % 10.0 ila% 24.5 arasında çok yüksek ölüm riski.

sPESI'de risk sınıflandırması

0 puan ise 30 günlük ölüm riski% 1,0

Bir nokta veya birden fazla nokta varsa 30 günlük ölüm riski% 10.9

Komplikasyonlar

Pulmoner emboli (PE) ile ilişkili başlıca komplikasyonlar:

- Tekrarlayan tromboembolizm
- Kronik tromboembolik pulmoner hipertansiyon
- Sağ kalp yetmezliği
- Kardiyojenik şok

Klinik Tavsiyeler ve Diğer Sorunlar

Erken tedavi ile önlenebilecek yüksek ilişkili mortalite ve morbidite nedeniyle zamanında pulmoner emboli teşhisi çok önemlidir. Tekrarlayan tromboembolizm insidansı yüksek olduğu için hastalar VTE ve PE'nin belirti ve semptomları konusunda bilgilendirilmelidir.

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