BÖLÜM 7

KARDİYOLOJİ VE COVID-19

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GİRİŞ

SARS-CoV-2 virüsünün neden olduğu COVID-19, ilk kez Çin'in Wuhan kentinde görülmesinin ardından hızla tüm dünyaya yayılarak, Mart 2020'de Dünya Sağlık Örgütü tarafından pandemi olarak deklare edildi. Virüs ile enfekte hastaların çoğunun hafif semptomlu ya da semptomsuz olmasına rağmen bazı hastalarda daha ciddi seyredebilmekte, pnömoni ve akut solunum yetmezliği sendromuna yol açabilmektedir. Hastalığın bazı kişilerde, bilinen ek hastalığı olmasa bile kardiyovasküler komplikasyonlara yol açtığı bilinmektedir. Eşlik eden kardiyovasküler hastalığı olan, hipertansiyon, diyabet ve obezite öyküsü bulunan kişilerde hastalığın prognozu daha kötü seyretmektedir[1].

COVID-19 nedeniyle hospitalize edilen hastalarda miyokardiyal hasarlanmayı gösteren troponin değerlerinde yükselme yaygın olarak görülebilmektedir. Miyokardiyal hasarlanma çoğunlukla hipoksi veya sistemik inflamatuvar yanıt sendromuna (sitokin fırtınası) bağlı olsa da, az sayıda hastada iskemik semptomlar eşlik edebilmekte ve akut koroner sendromlara yol açabilmektedir. COVID-19 seyrinde görülen miyokardiyal hasarlanmanın sebebine bakılmaksızın kötü prognozla ilişkili olduğu bilinmektedir[2]. Bu bölümde, mevcut veriler ışığında kardiyovasküler sistem ve COVID-19 arasındaki ilişkiden bahsedilecektir.

COVID-19 ve kardiyovasküler komorbid durumlar

Eşlik eden kardiyovasküler hastalıkların (örneğin hipertansiyon veya koroner arter hastalığı) COVID-19 enfeksiyonunun daha ağır geçmesine ve prognozun daha kötü olmasına neden olduğu bilinmektedir[2]. Azalmış kardiyovasküler ve pulmoner rezerv, artmış inflamatuvar yanıt ve virüsün direkt olarak yol açtığı endotel hasarının bu duruma etkisi olabileceği düşünülmektedir[3]. COVID-19'lu hastalardaki kardiyak semptom ve bulgular yeni gelişen kardiyak bir soruna, daha önce var olan kardiyak hastalığa

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- Bulaş korkusu nedeniyle hastaların sağlık kurumlarına başvurularının azalması ve acil tedavi gerektiren kardiyak durumlarda tedaviyi geciktirmektedir

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