



Dispneli Hastaya Kardiyojik Yaklaşım

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Sunumun içeriđi

Kardiyolojik hastalıklar ve dispne

- Dispnenin pulmoner hastalıklarla ayırıcı tanısı

- Kardiyolojide sık kullanılan bazı tetkiklerin dispne tanısındaki yeri

Dispne subjektif bir semptomdur

Tanım

Şiddeti

Hafif efora bile zorlu soluma

Ortopne

Hava açlığı hissetme

İstirahat dispnesi

Göğüste daralma, baskı hissi

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ve kardiyak patoloji görülmektedir. pulmoner

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Nefes alma- vermede zorluk:

tıkanma hissi:

AKUT DİSPNE

Kardiyak

Pulmoner

Diğer



Flash pulmoner ödem

Pulmoner kontüzyon

Pulmoner Emboli (yağ,
amnion, hava, pıhtı)

Anafilaksi

AKS

Hemotoraks

Pnömoni

Anksiete

Tamponat

Diafragma rüptürü

ARDS

Zehirlenmeler (Organik
fosfat)

Abdominal yüklenme
(asit, gebelik, obezite)

KRONİK DİSPNE

Kardiyak

Pulmoner

Diğer

KMP

Astım atağı

Sepsis

Aritmiler

Ca

Obezite

Cor Pulmonale

CO zehirlenmesi

Tipik belirtiler	Daha az tipik belirtiler	Özgül bulgular	Daha az özgül bulgular
Ortopne	Gece gelen öksürük	Jugüler ven basıncında artış	Periferik ödem (sakral,skrotal)
		Hepatojugüler reflü	Akciğerlerde krepitasyon
Egzersiz intoleransı	Kilo artışı (>2 kg/hf)	S3	Plevral effüzyon
		Kalp tepe atımının sola kayması	Aritmi
Ayak bileği şişliği	İştahsızlık	Kalpte üfürüm	Taşikardi, Taşipne
			Hepatomegali Asit
	Senkop		Kaşeksi
Akut kronik KY ESC 2012			

Fizik muayene bulgusu	Klinik anlamı	Olası tanı
Hepatojuguler reflü	Sağ KY	KY
Pulsus alternans	Ciddi sol ventrikül disf.	KY
Periferik ödem	Sağ/sol ventrikül disf	KY
S3, S4	Sol/Sağ vent disf	KY, Ciddi HT, Aort darlığı, HKMP

- Sadece KTI' de artışın KY tanısında duyarlılık ve özgüllüğü çok düşüktür.

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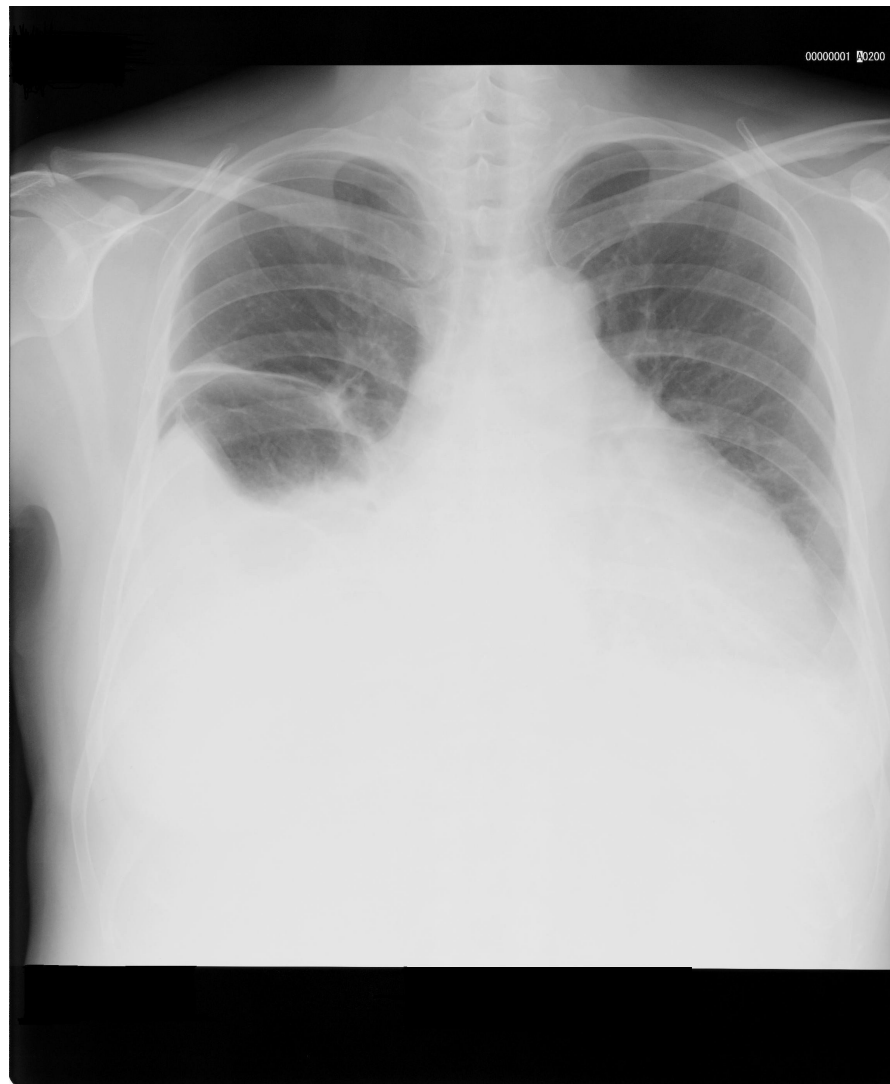
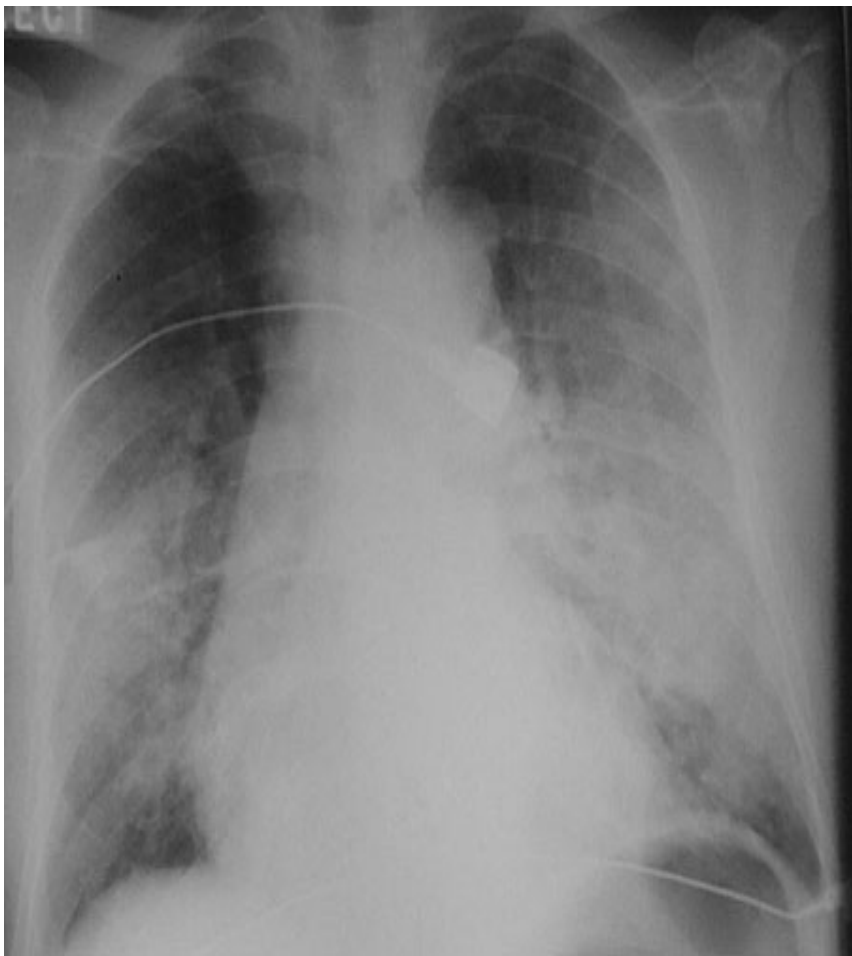
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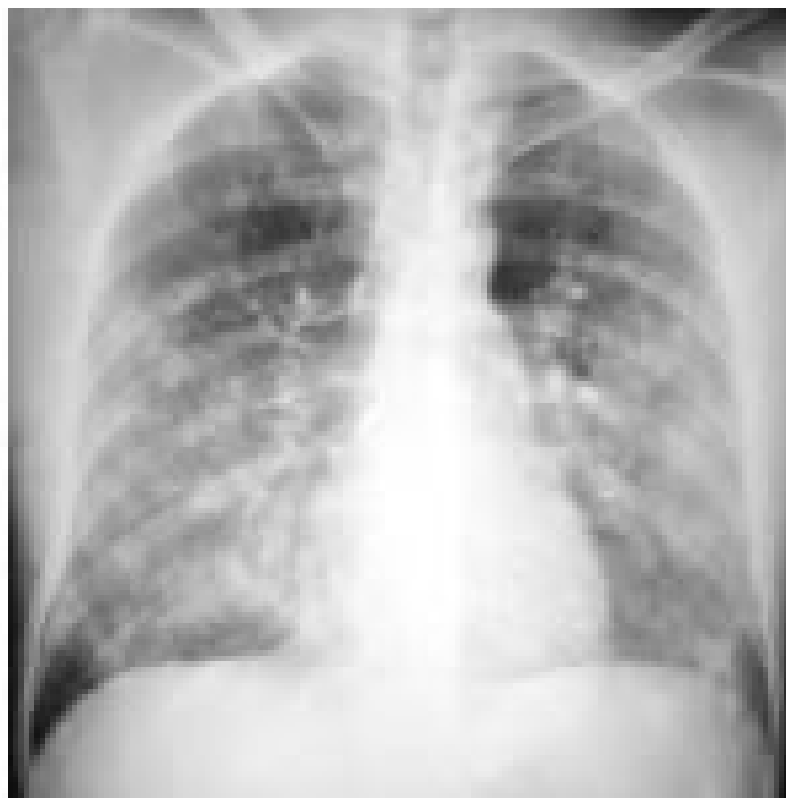
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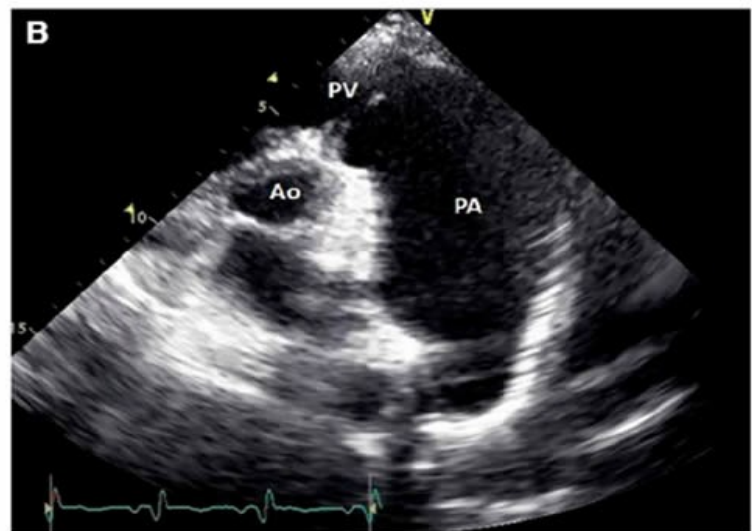
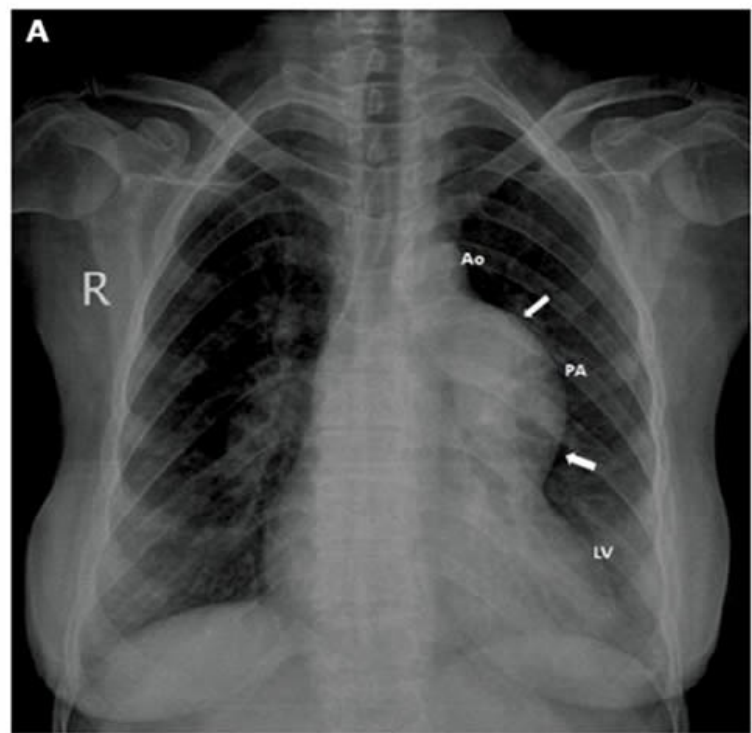
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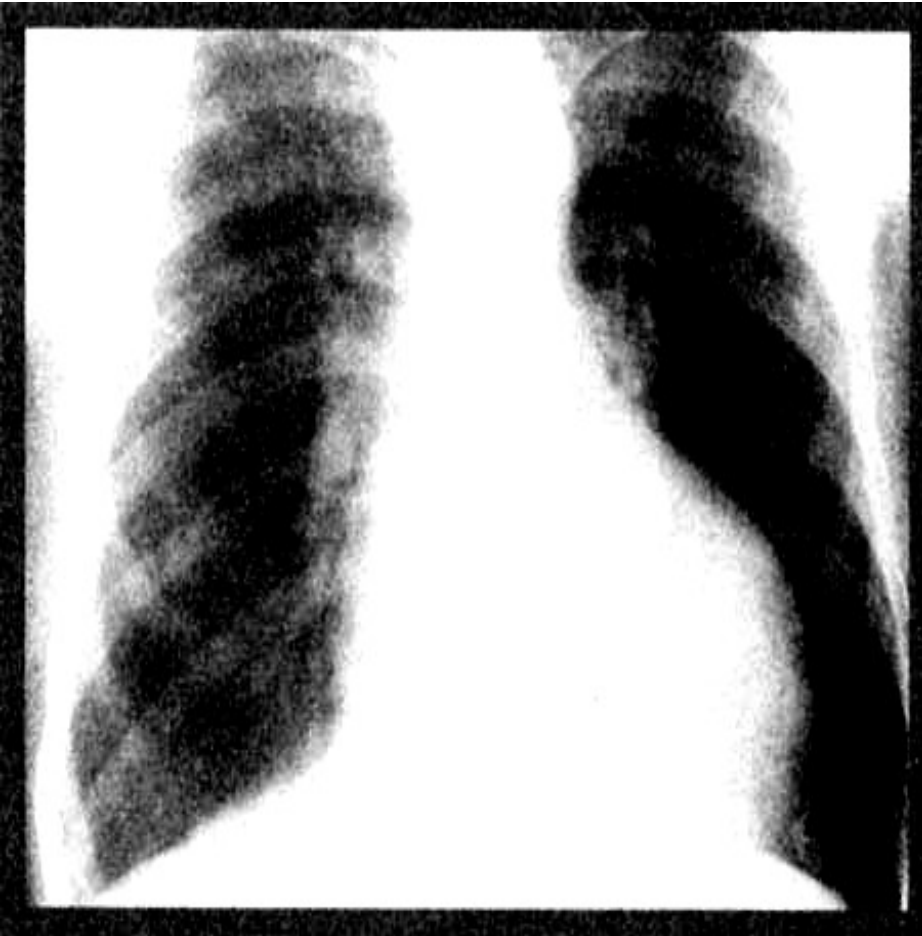
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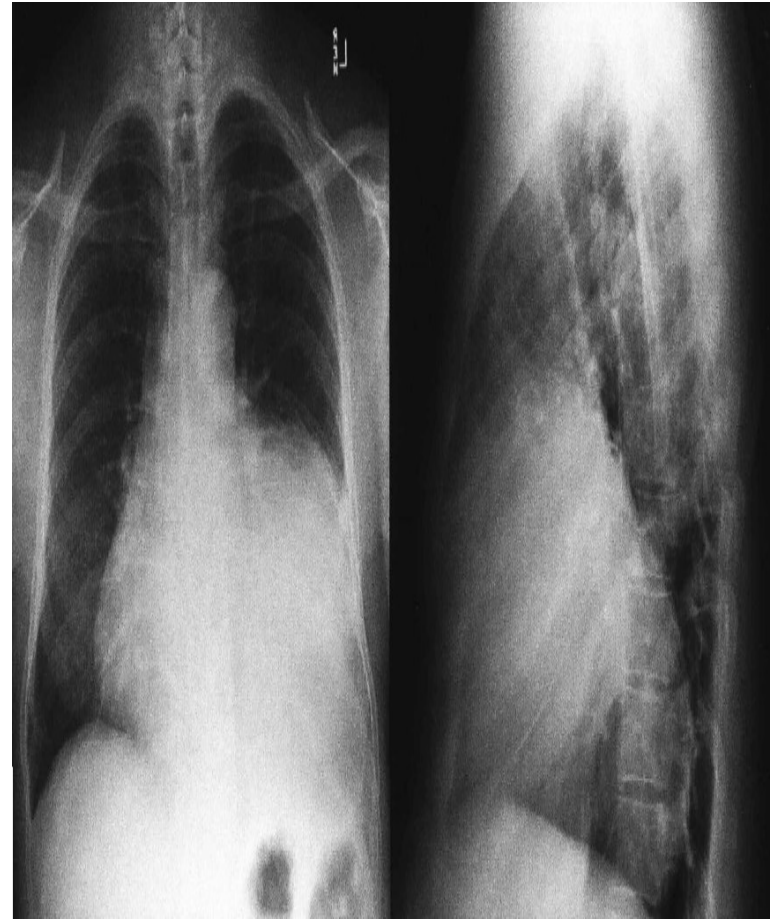




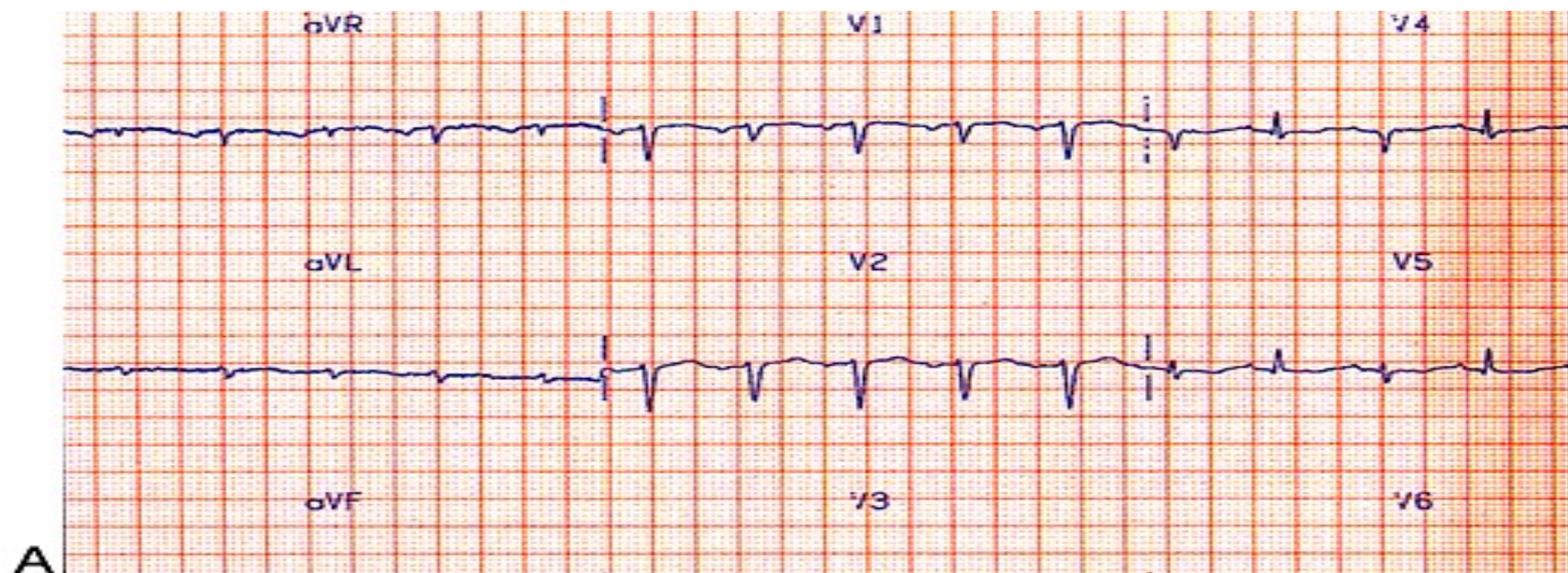




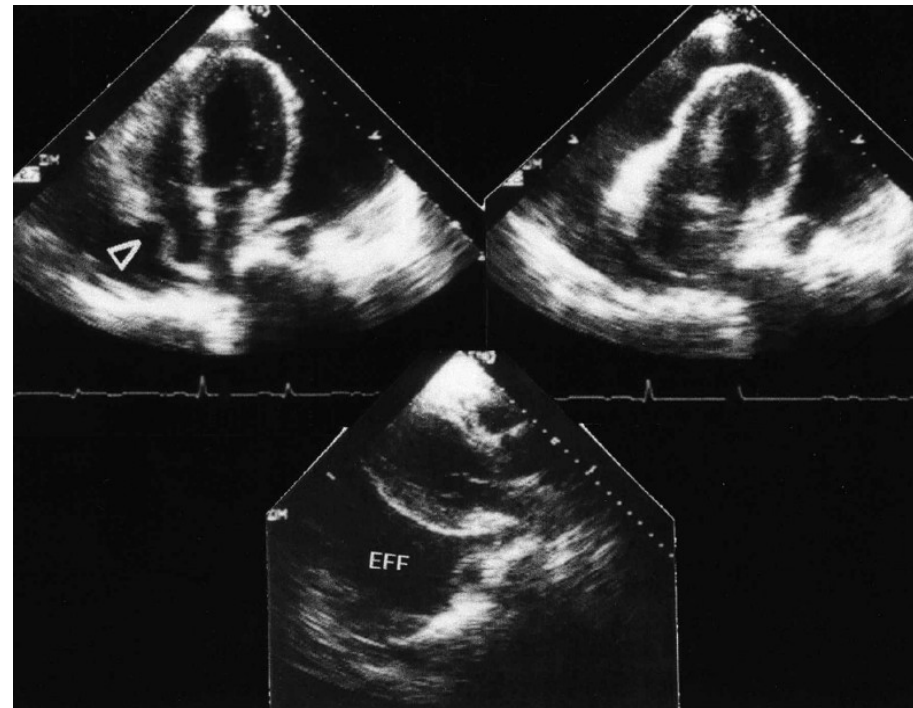
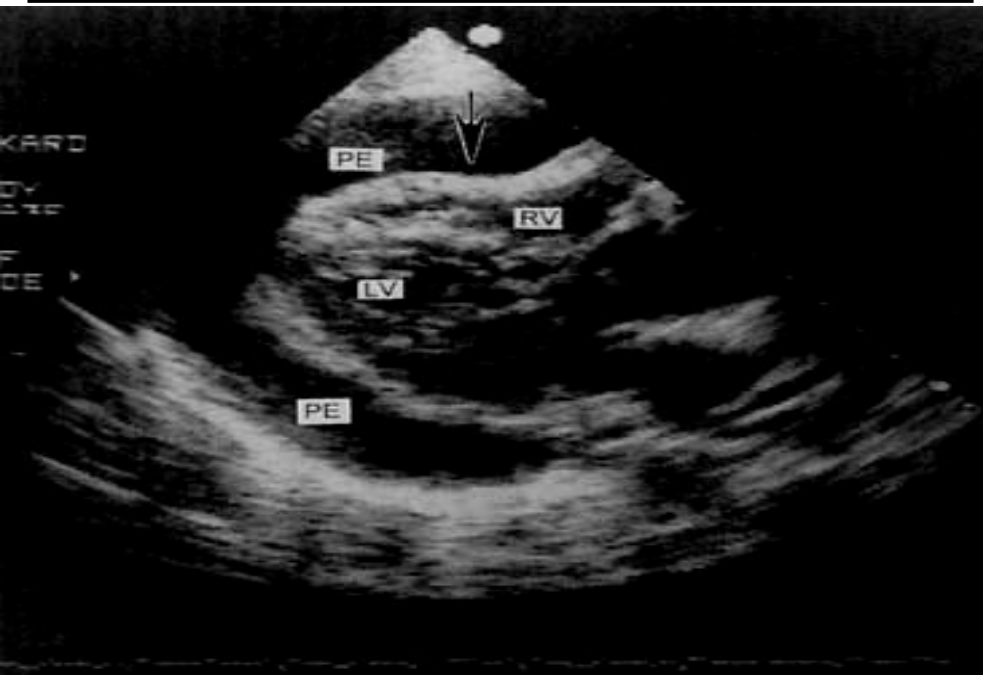
**250 ml mai ile kardiyomegali,
temiz akciğer (çadır kalp).**



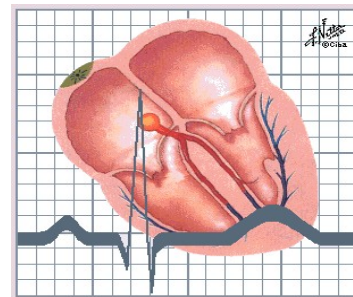
Kardiyak Tamponad



Kardiyak Tamponad



Perikardiyal efüzyon



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EKG'si

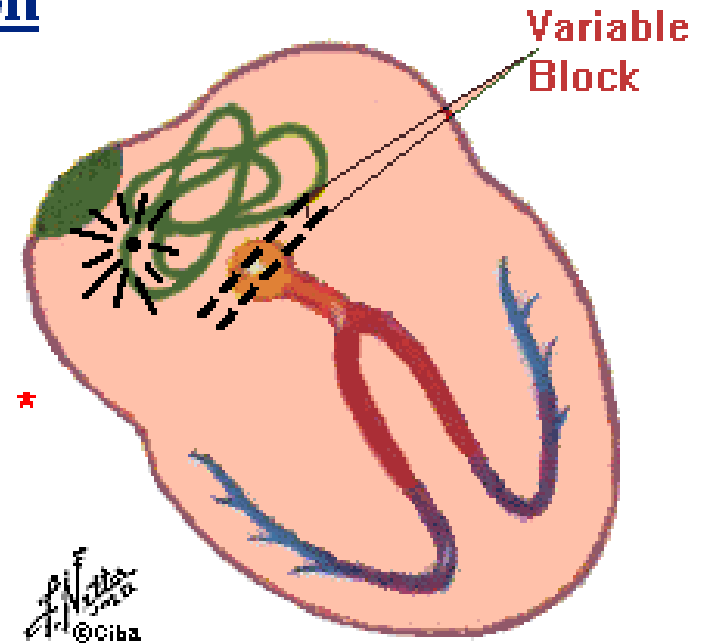
tamamen normal

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Atrial Fibrillation

Impulses take chaotic, random pathways in atria.

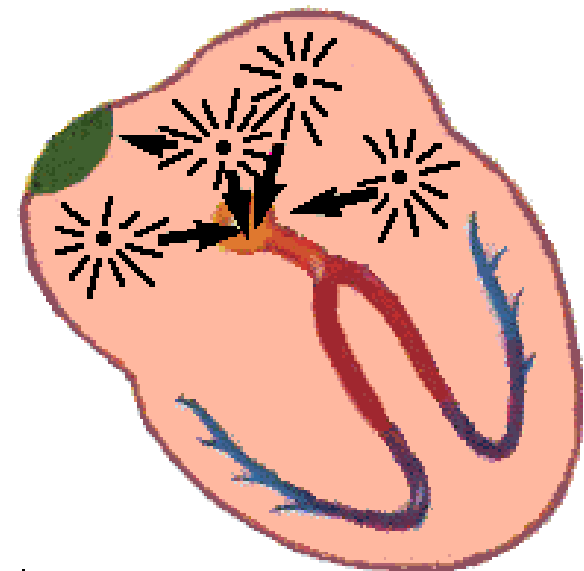
There is no organized electric activity (and hence no effective pumping action) in the atria.



Baseline coarsely or finely irregular; P wave absent. Ventricular response (QRS) irregular, slow, or rapid.



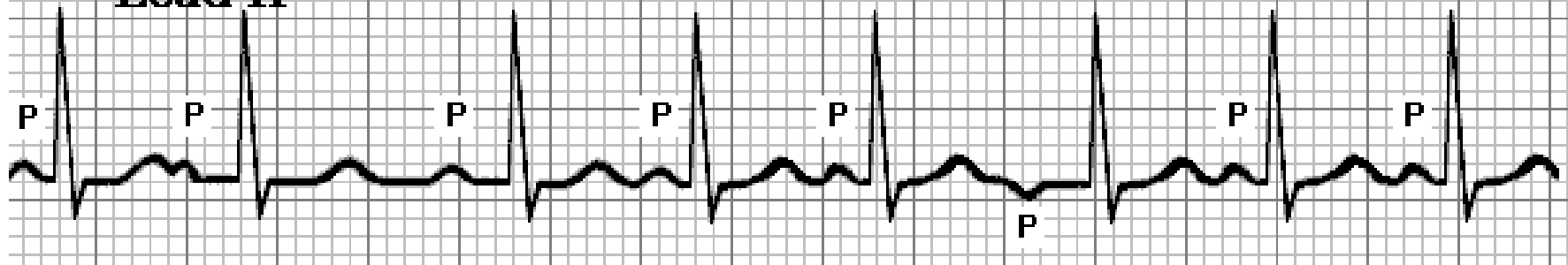
Multifocal Atrial Tachycardia (MAT)



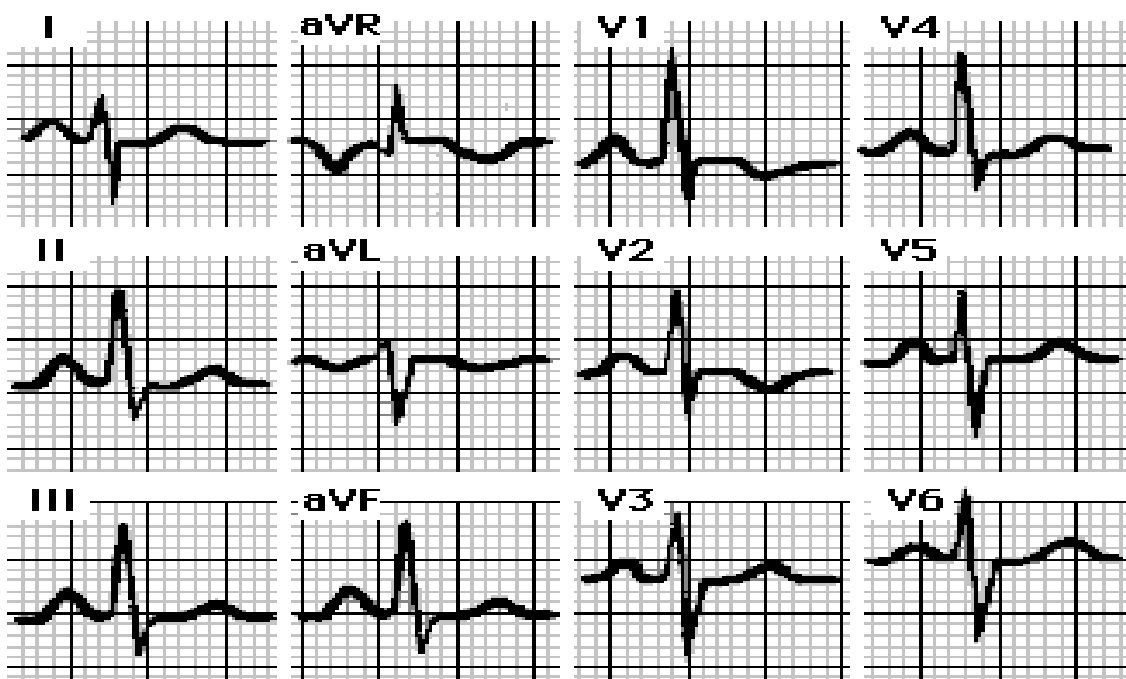
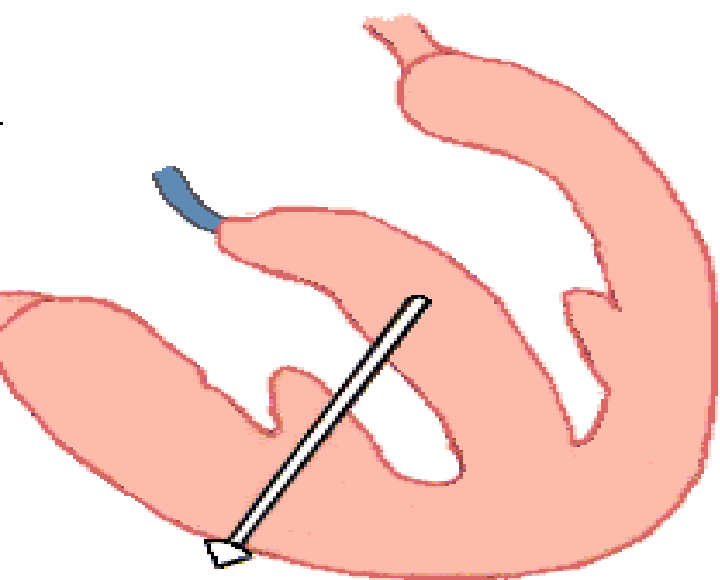
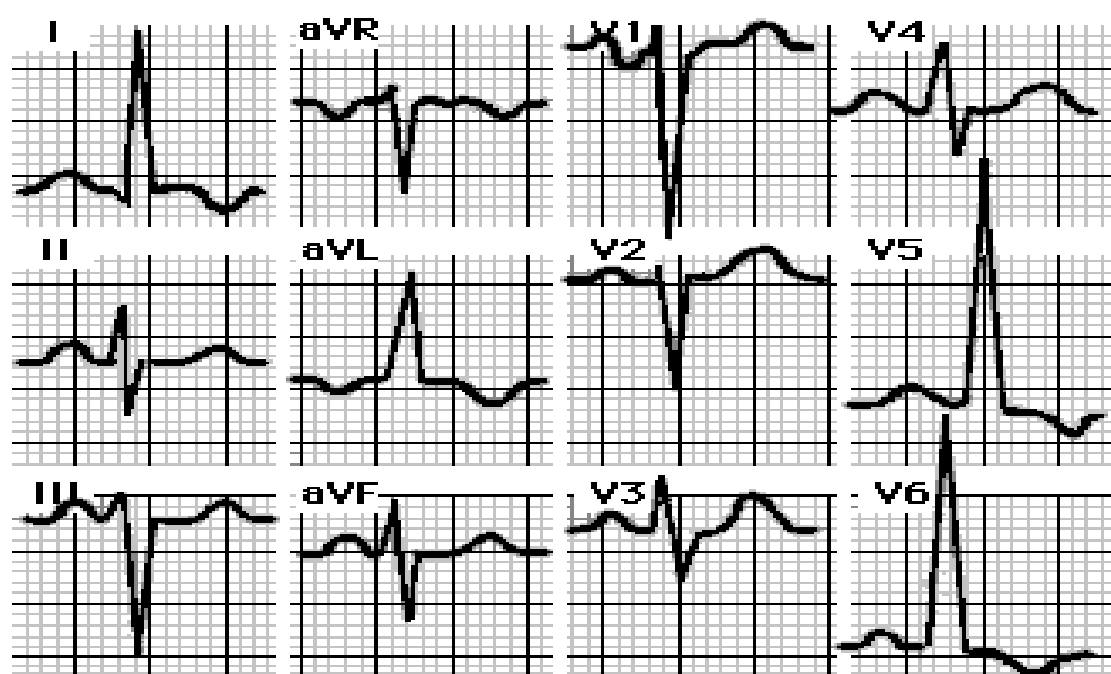
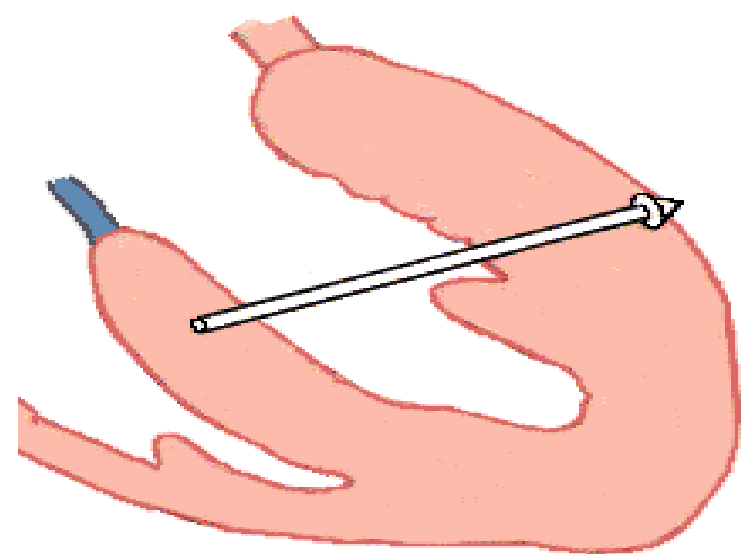
Usually associated with severe pulmonary disease.

Impulses originate **IRREGULARLY AND RAPIDLY** AT DIFFERENT POINTS IN ATRIA. *

Lead II



P wave contours, PR intervals, PP and thus RR intervals all may vary. *



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— Açıklanamayan nefes darlığı
en sık görüleni

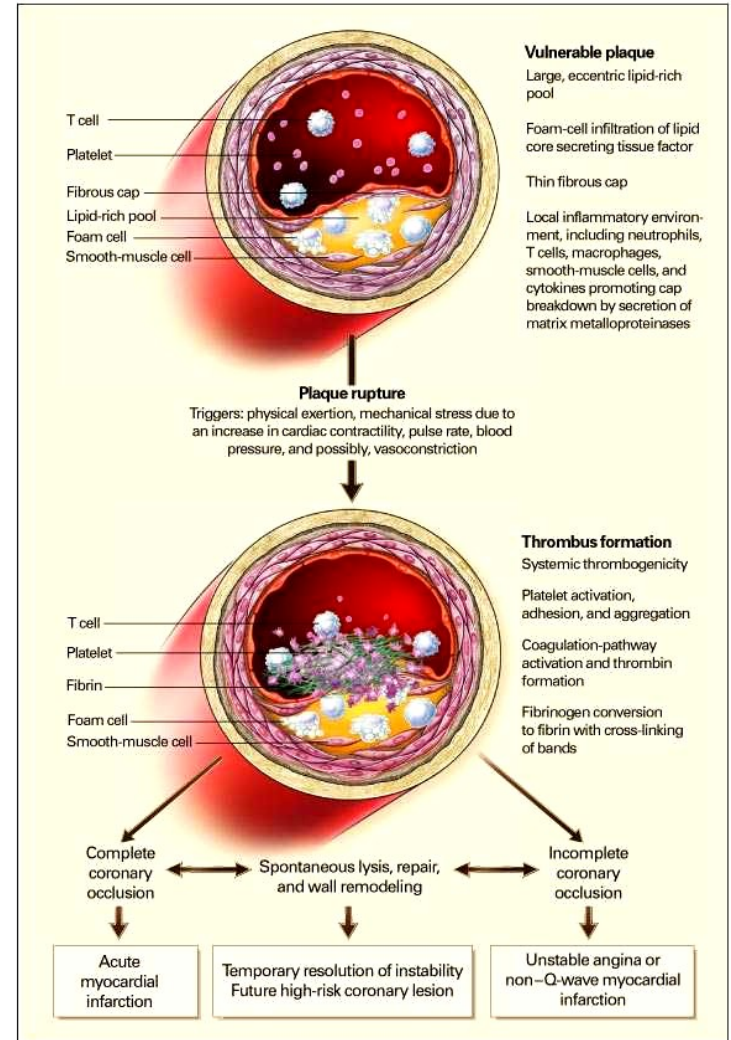
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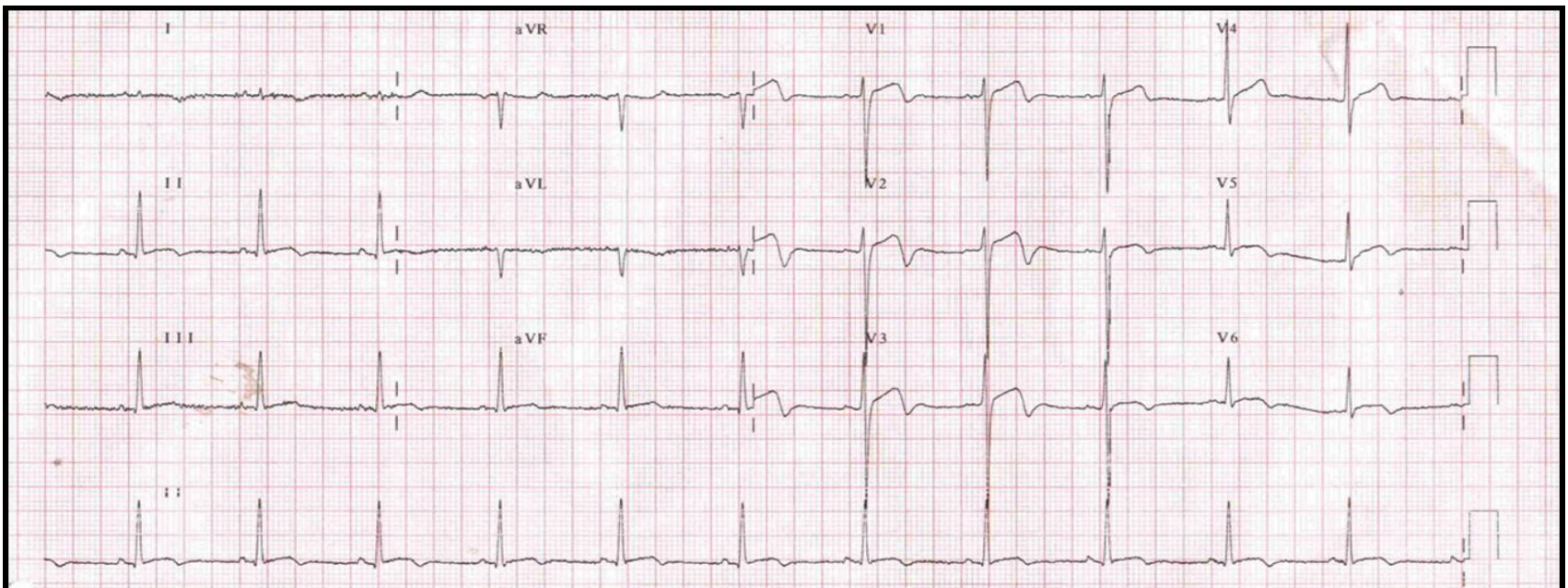
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• * subtotal obs.ile istirahat anjinası
oluşur USAP

• Distal mikroembolilere
NSTEMİ

• Total oklüzyon * STEMI

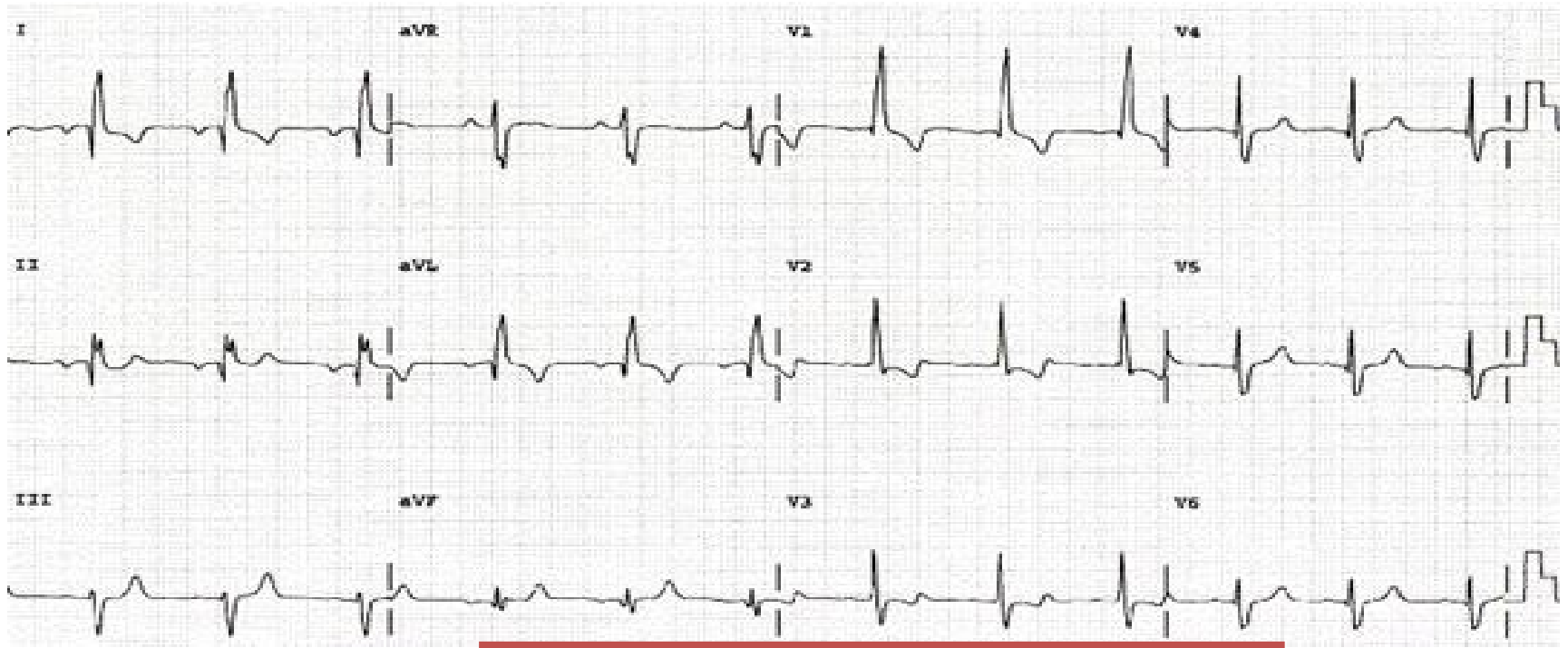




A classical "Non Q myocardial infarction". Note : We can't label this ECG as NSTEMI as there is residual ST elevation (In fact it is a STEMI evolving into Non q MI.)



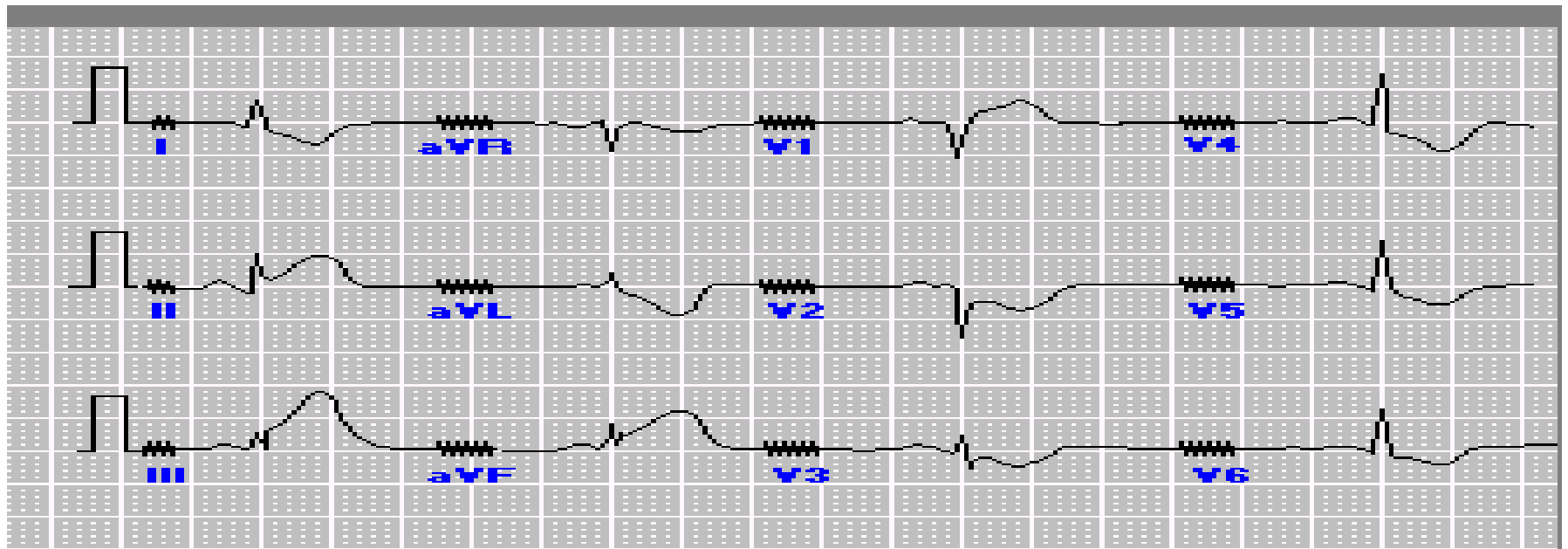
Figure 1



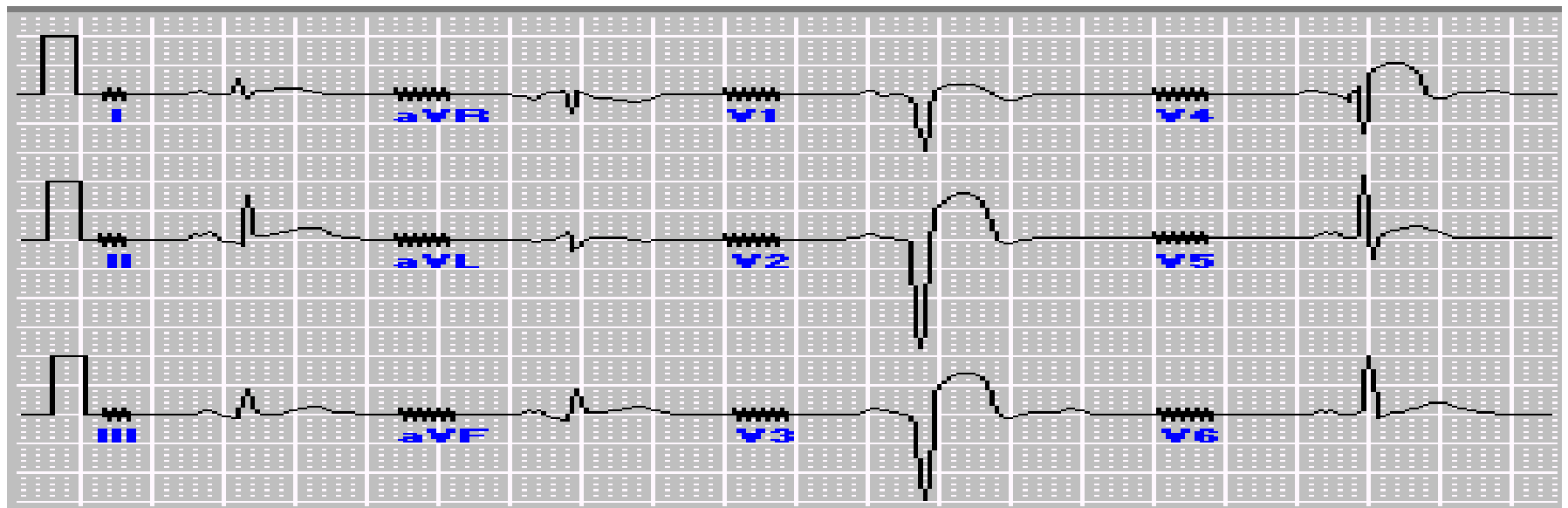
Sağ dal bloku (pulmoner hastalıklarda siktir)



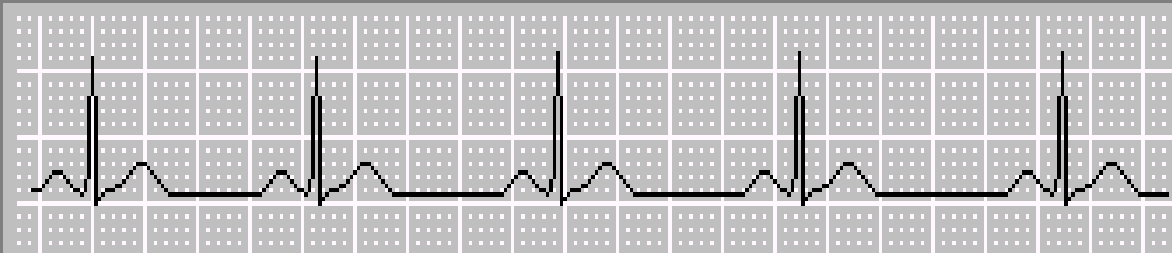
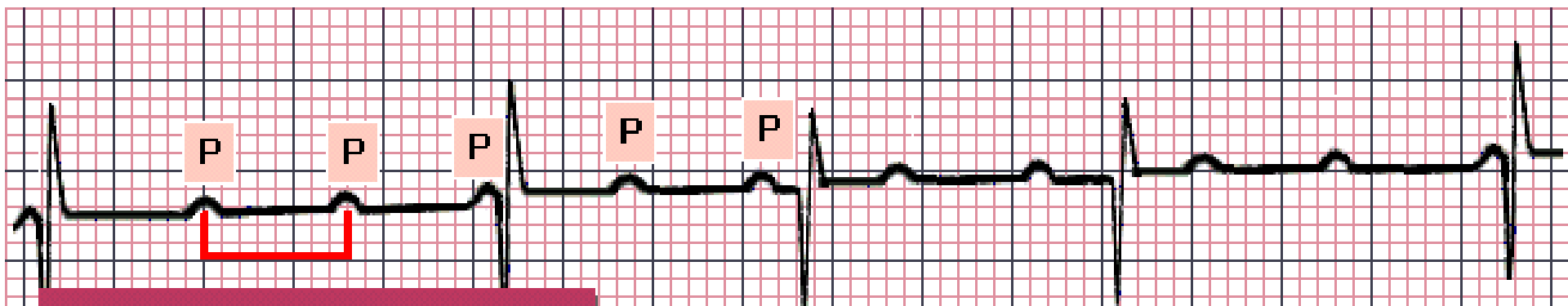
Sol dal bloku (kardiyak hastalıklarda siktir)



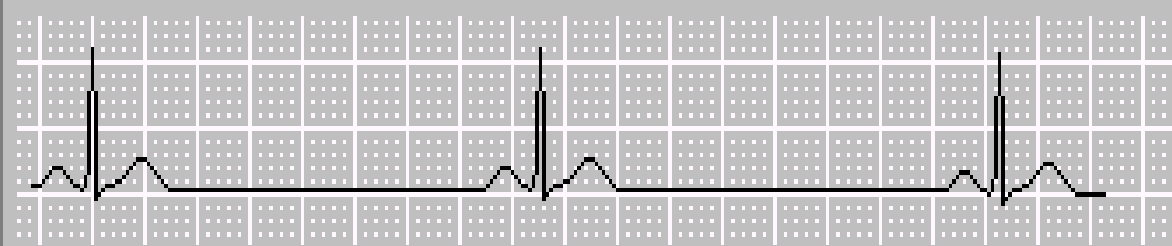
A. inferior posterior MI (sağ ventrikül katılımlı)



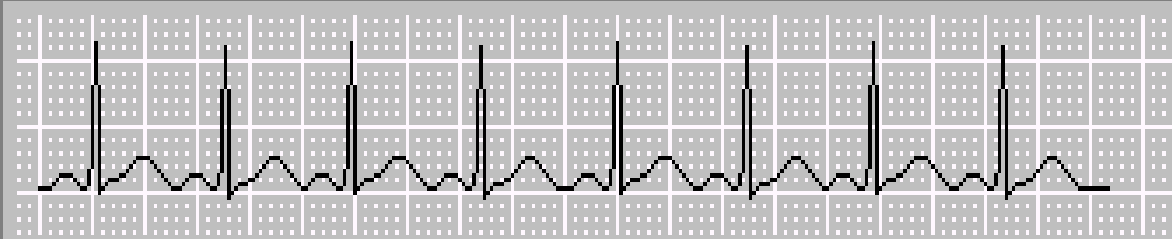
A. Anteroseptal MI



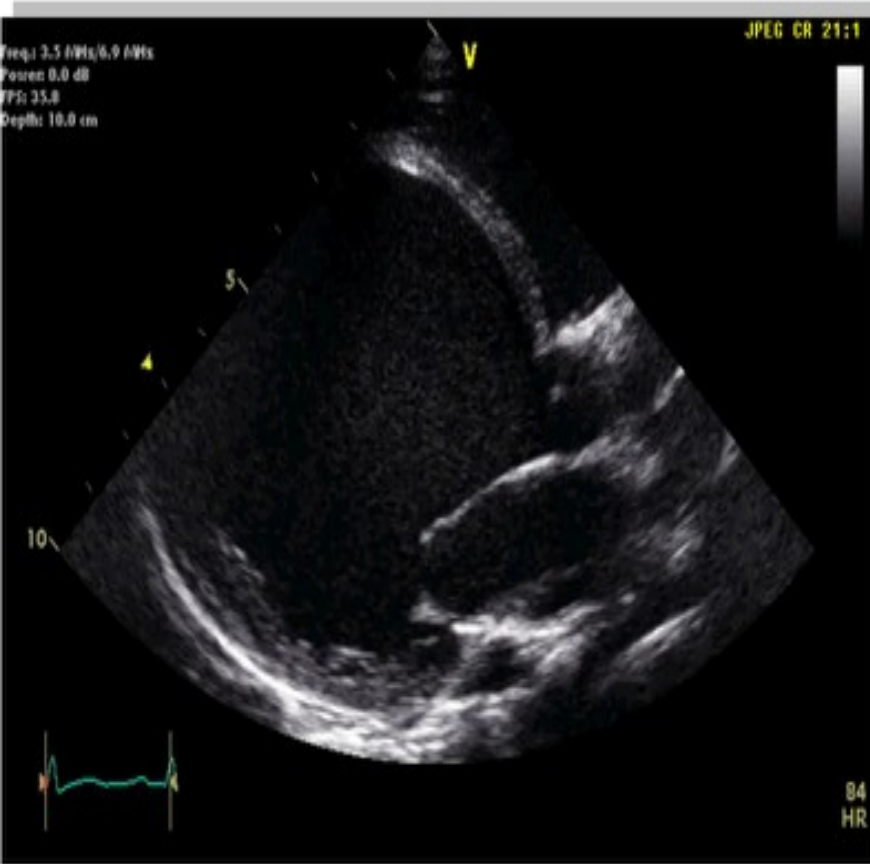
Normal (69 bpm)



Bradycardia (36 bpm)



Tachycardia (125 bpm)

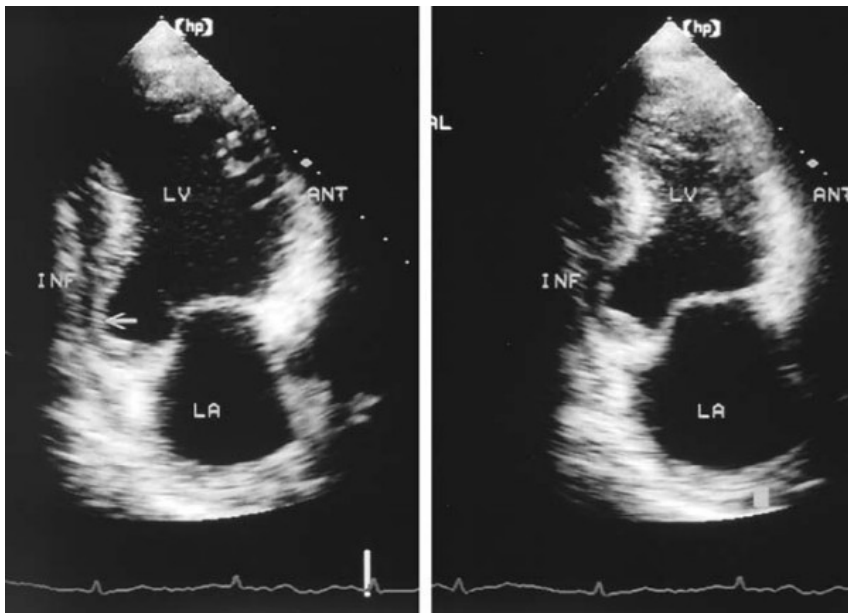


%10 Ejeksiyon Fraksiyonu

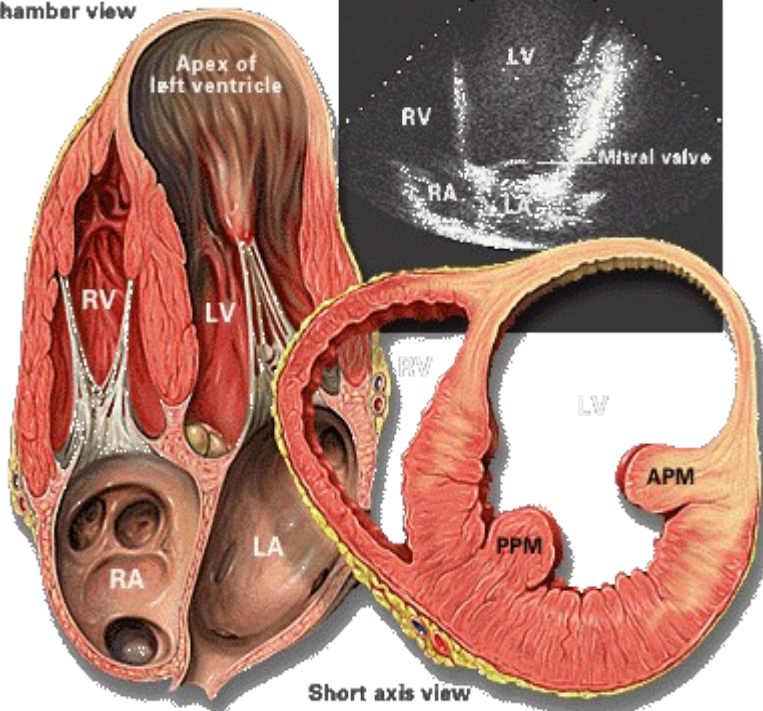
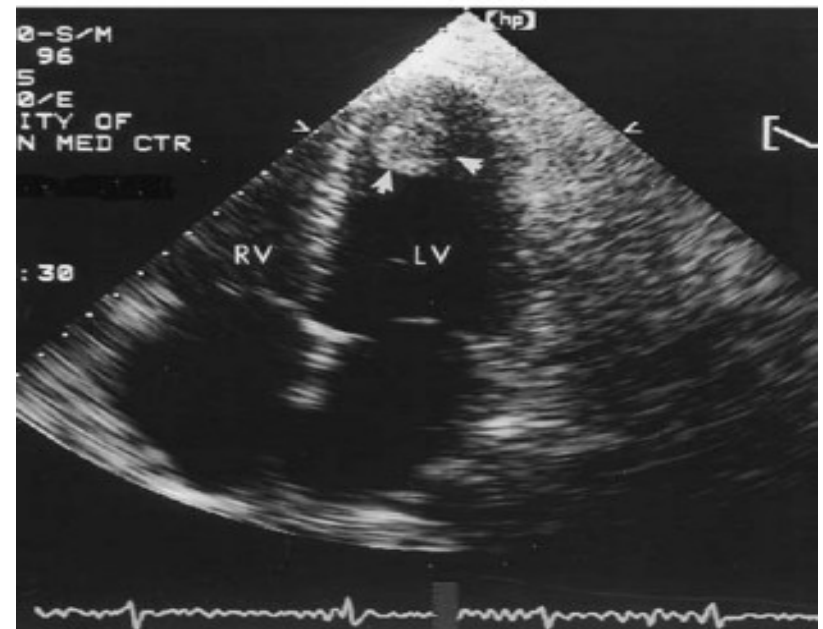
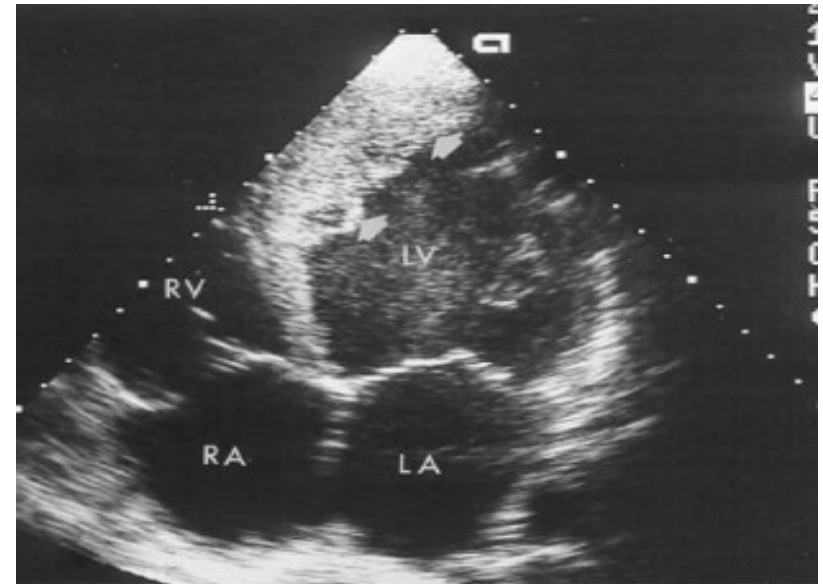
Dilated Cardiomyopathy

%20 Ejeksiyon Fraksiyonu





Apical four chamber view



Short axis view

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şüphelenmekte

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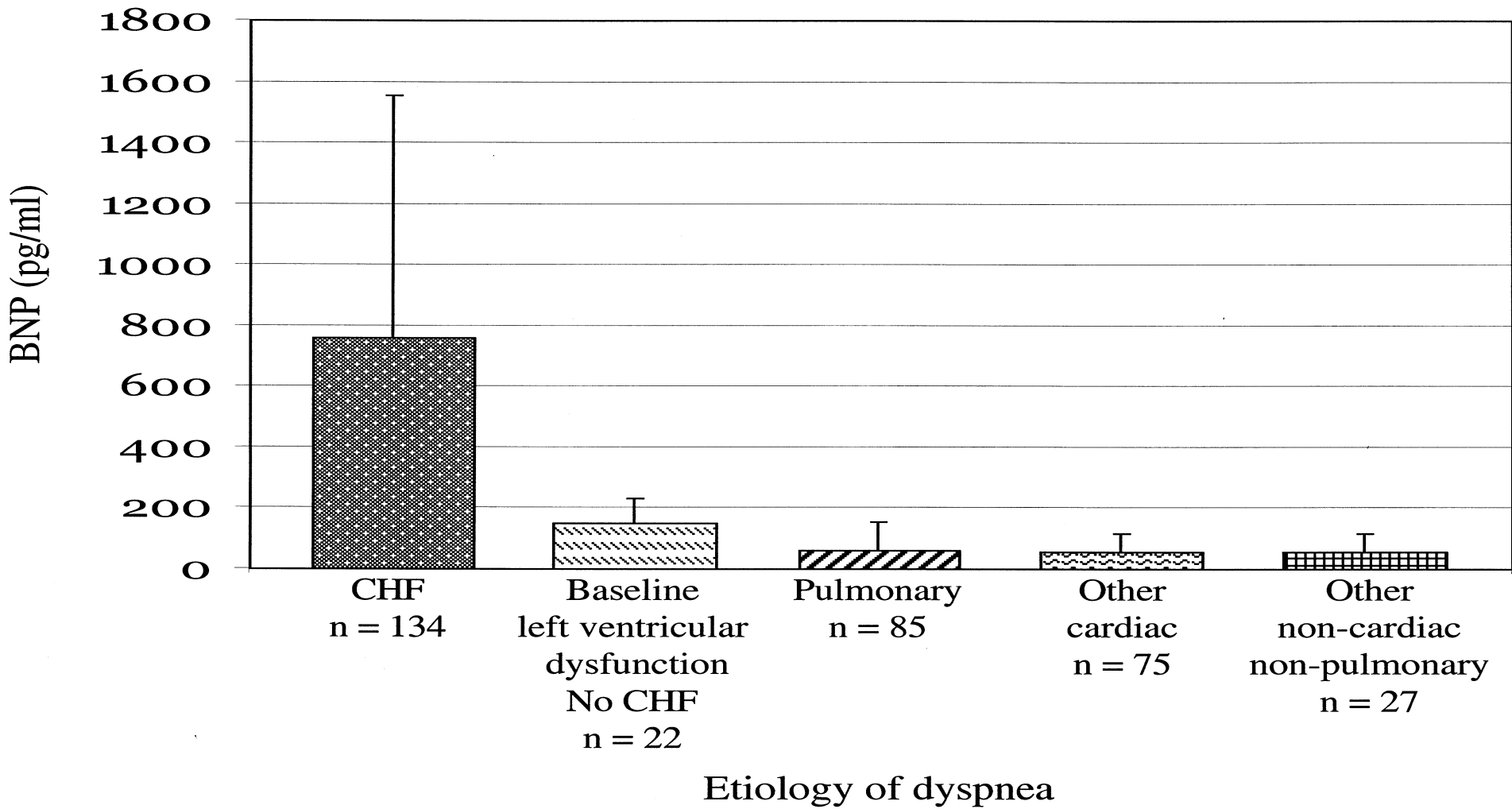
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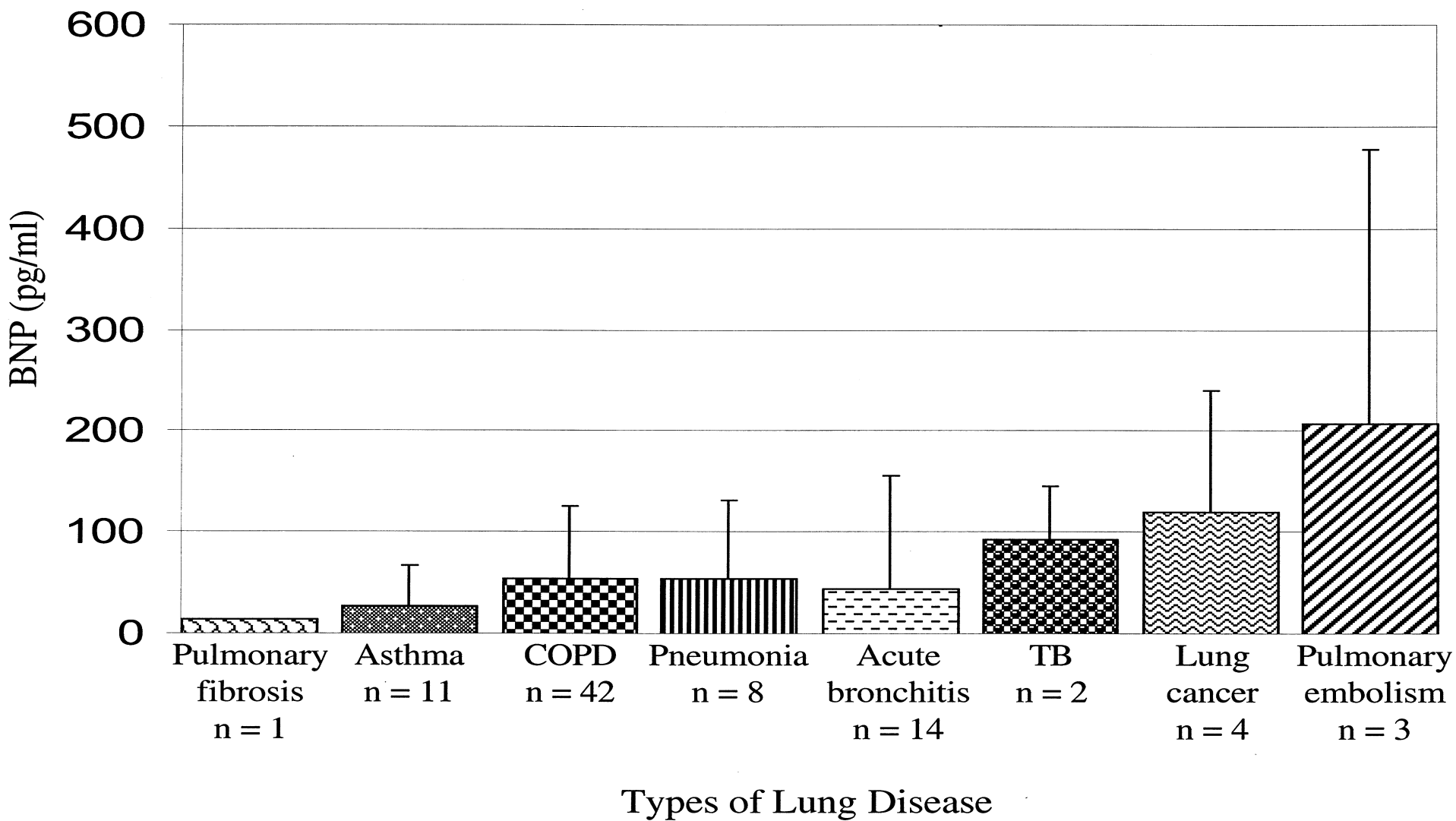
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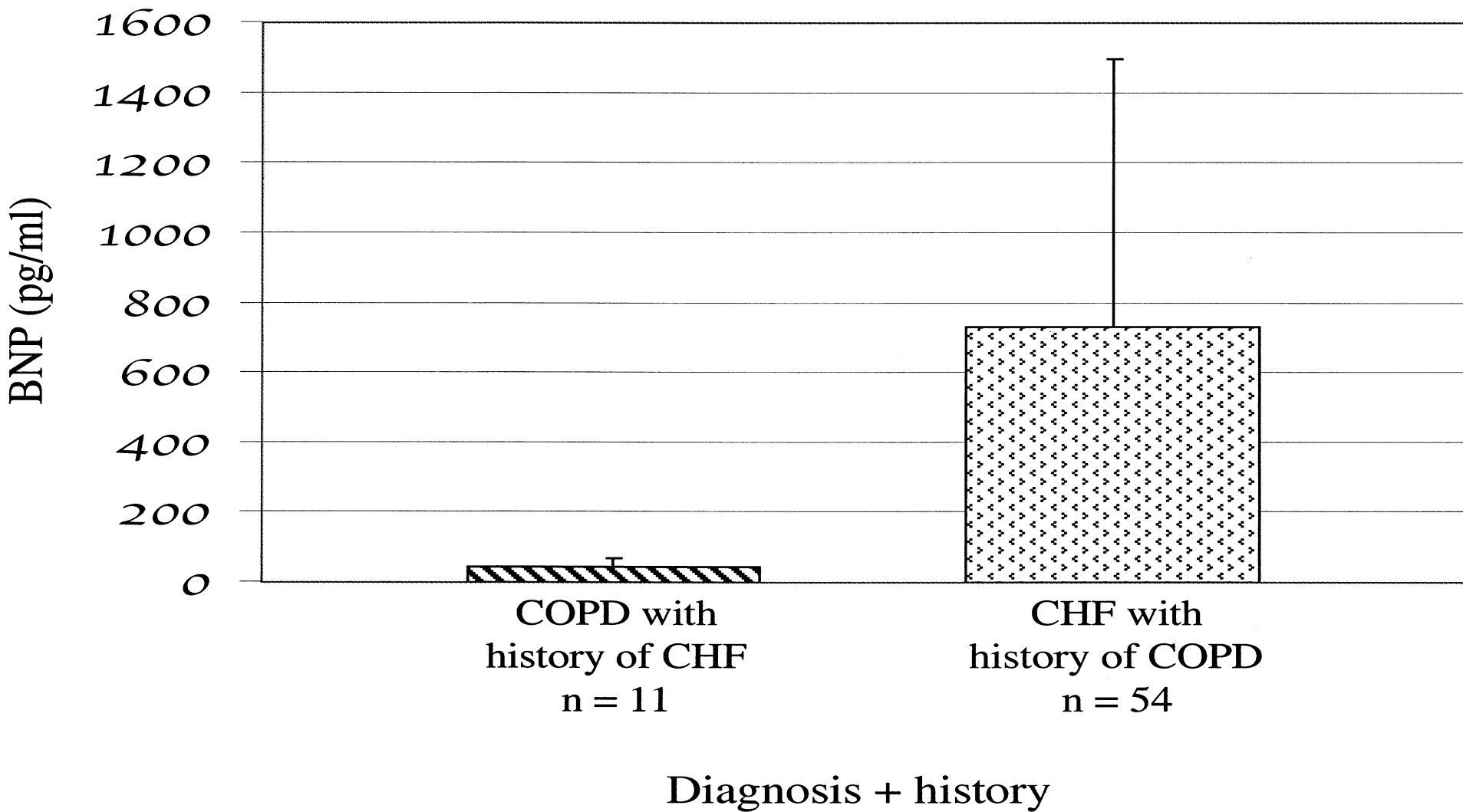
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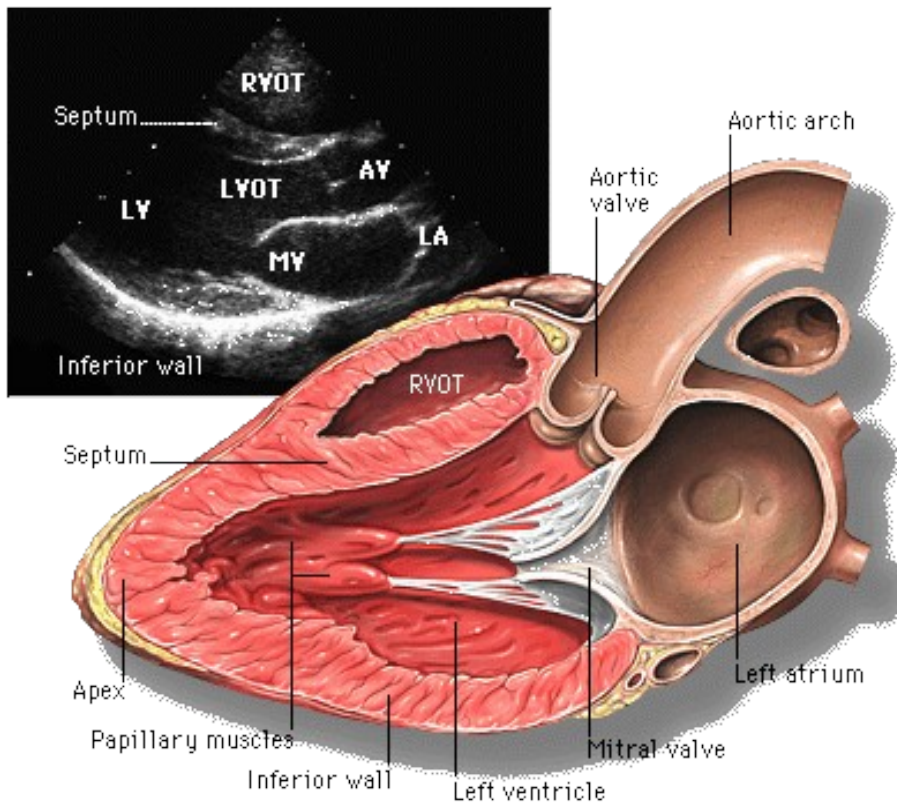
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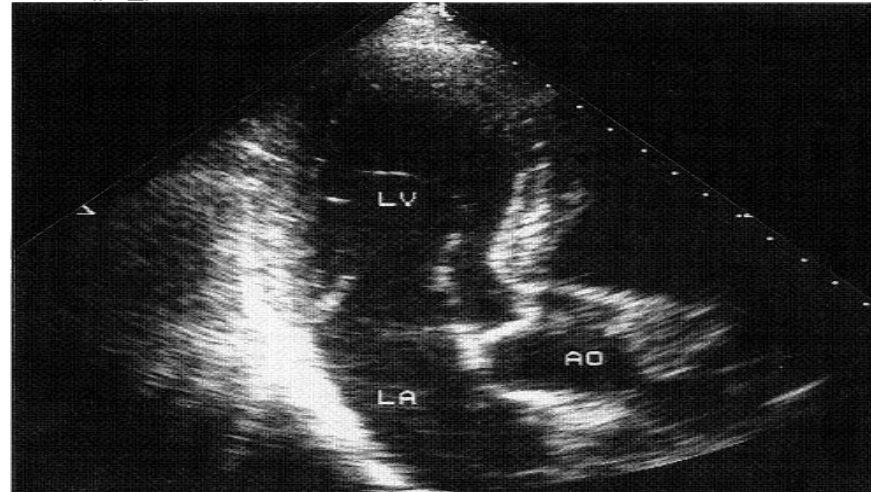
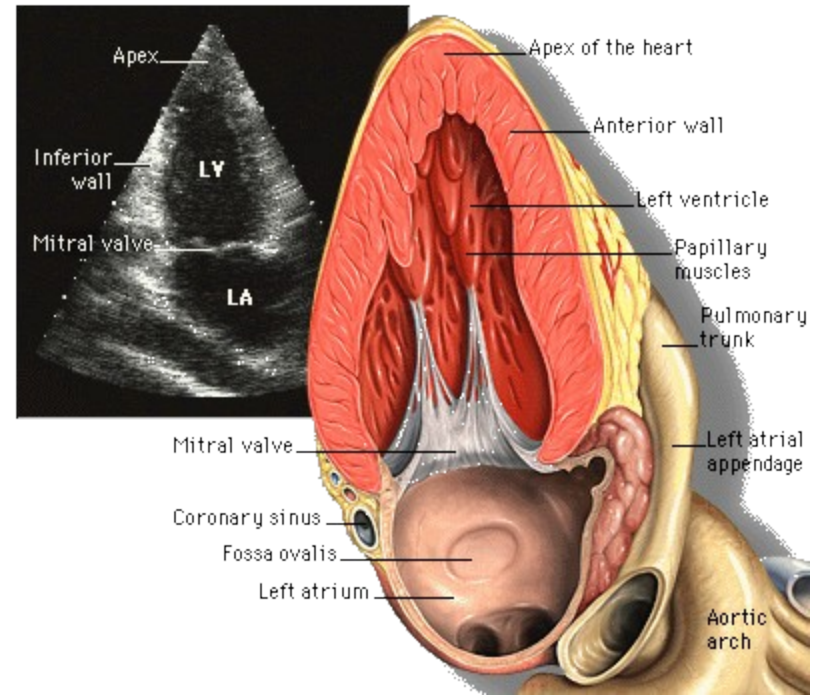
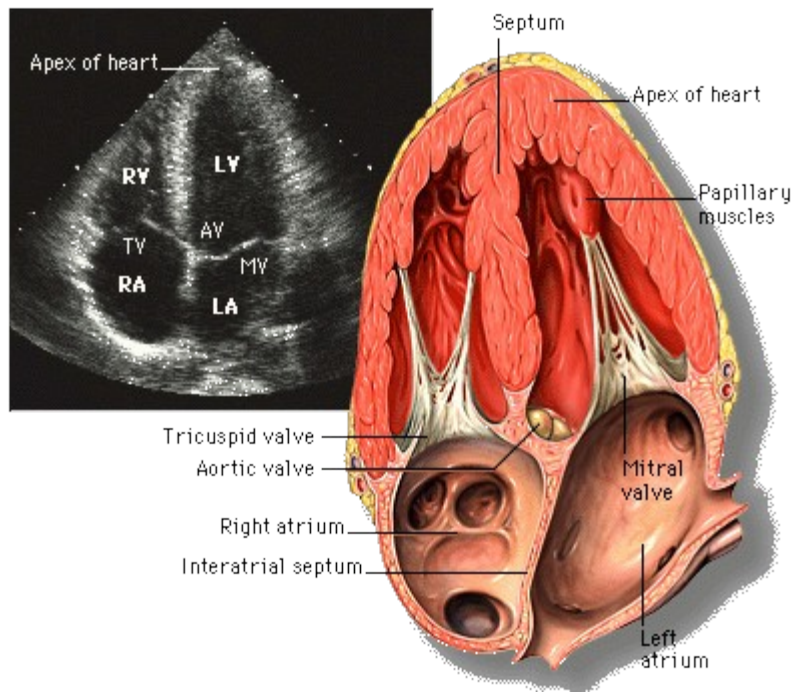




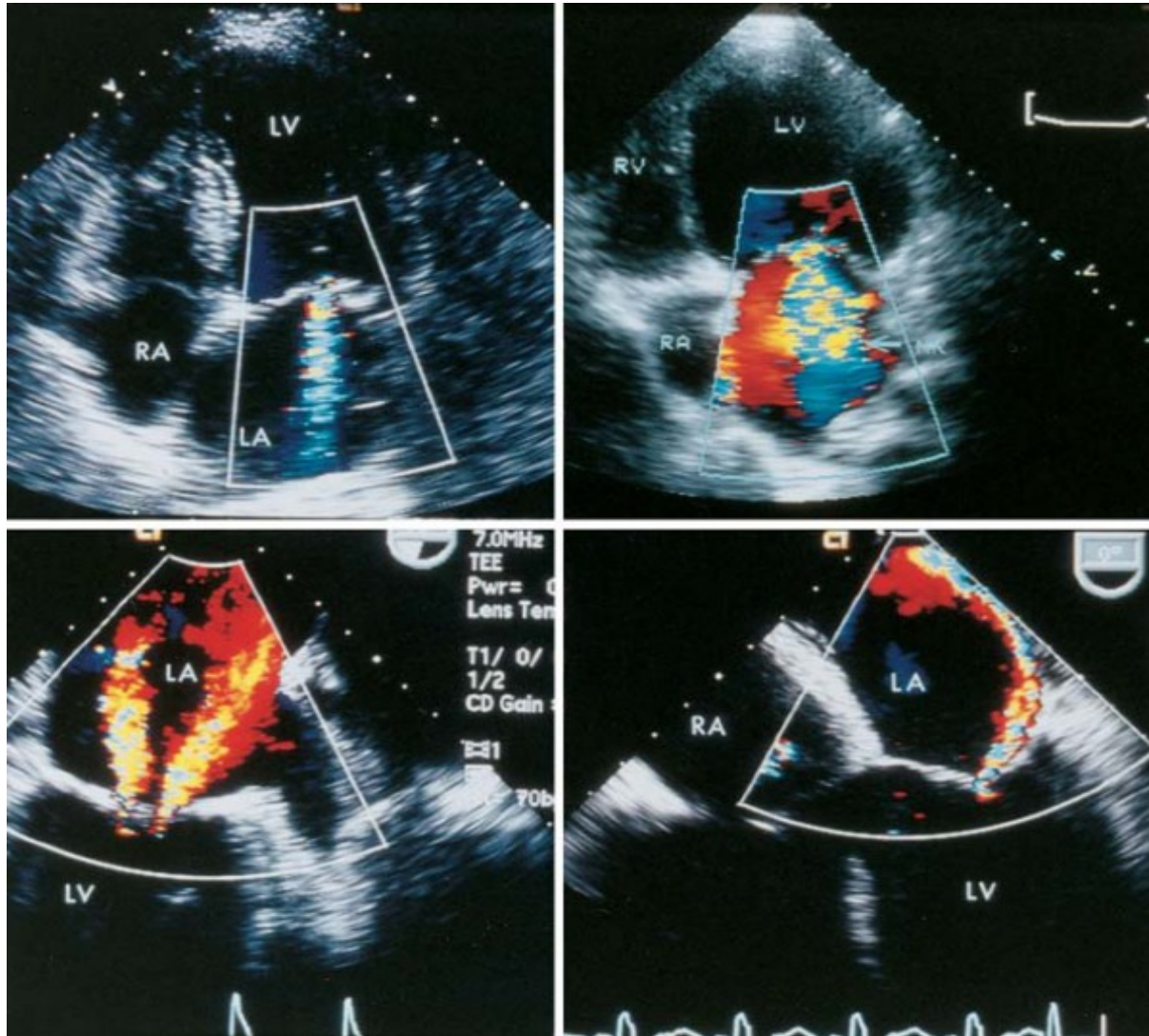
Parasternal Görüntüler



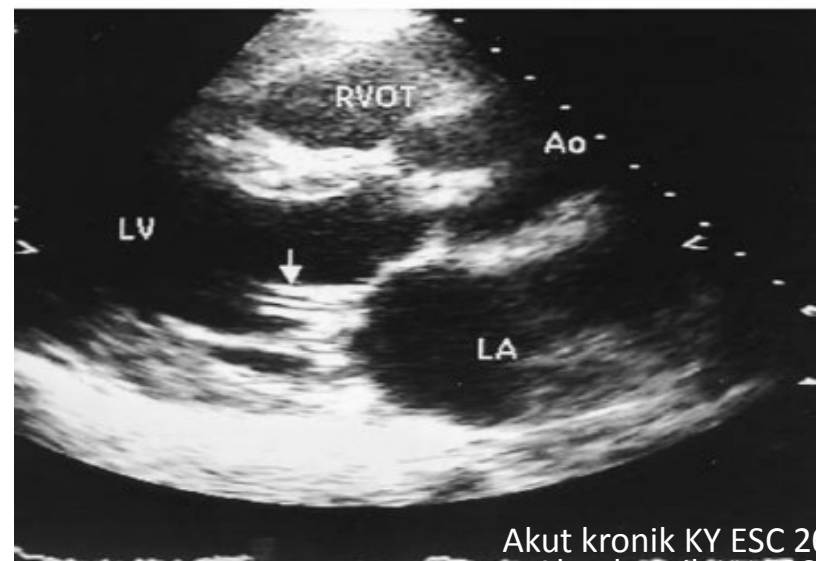
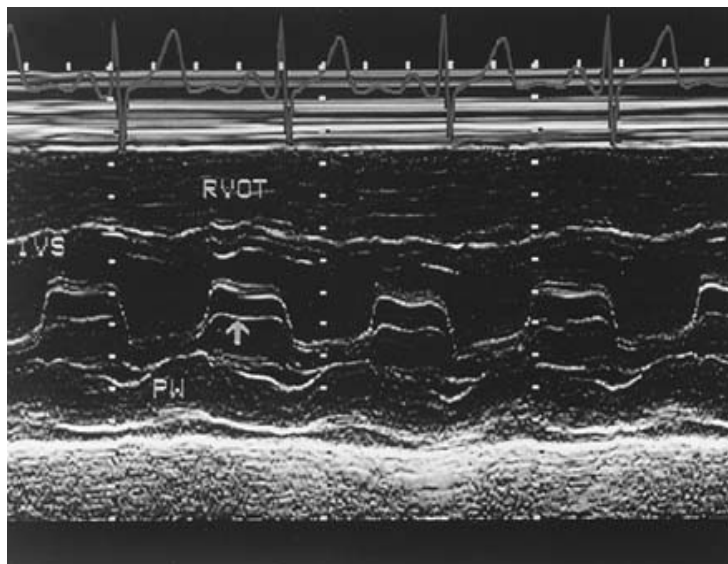
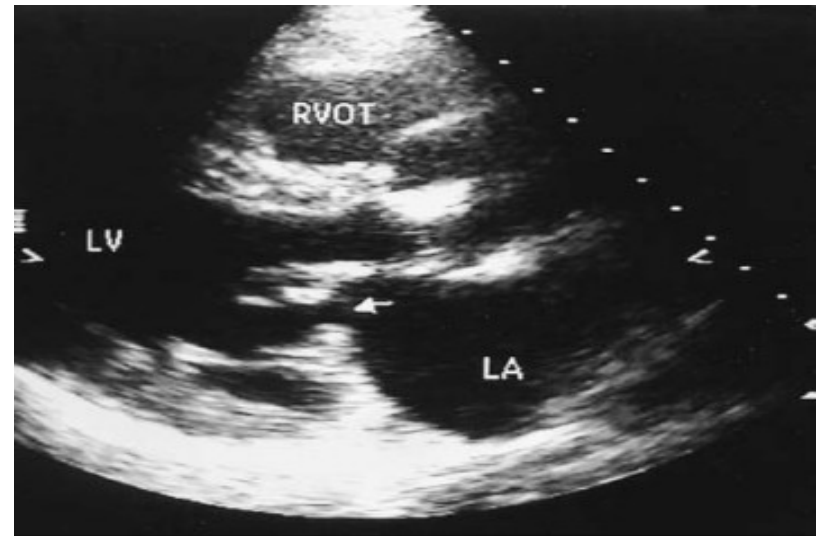
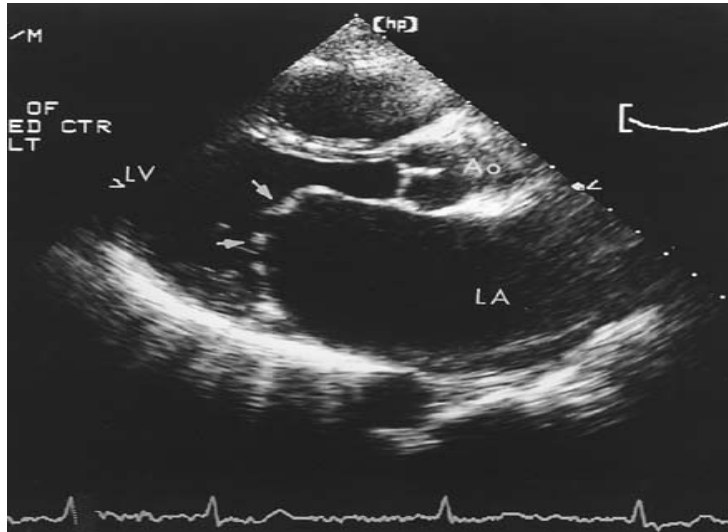
Apikal Görüntüler



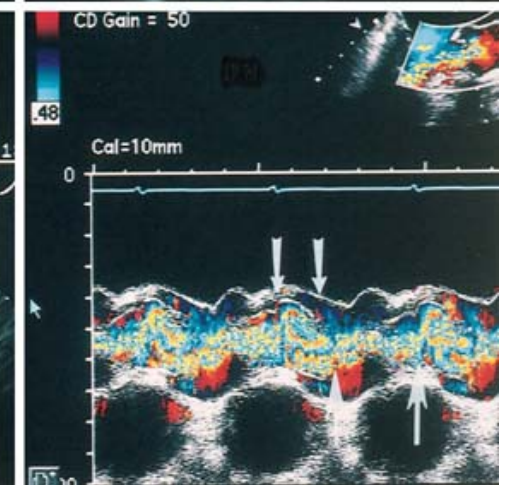
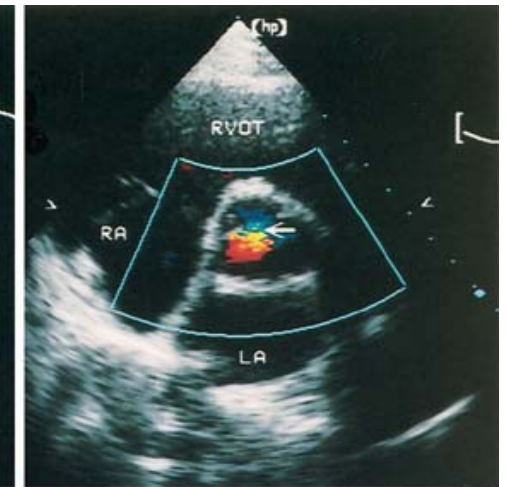
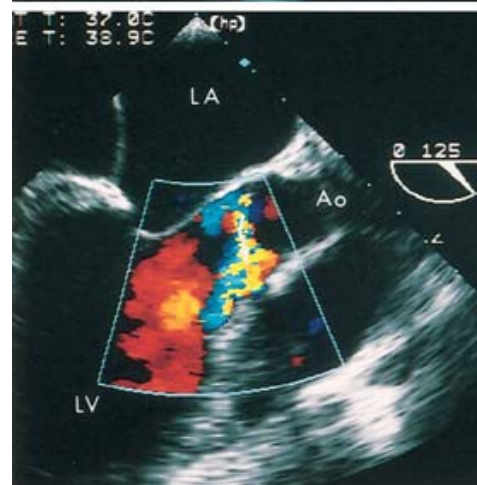
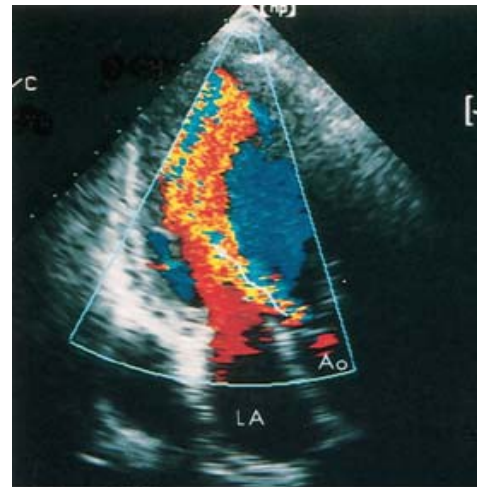
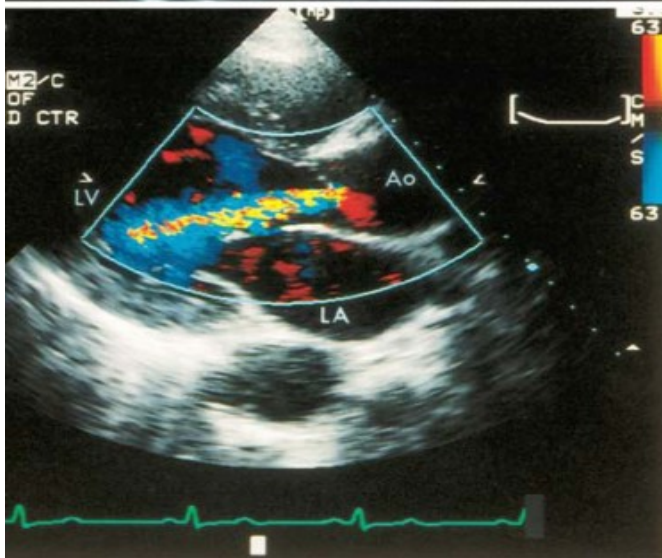
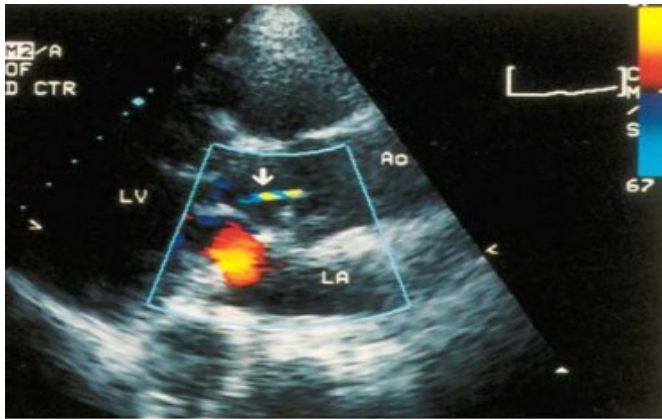
Mitral Yetersizliği



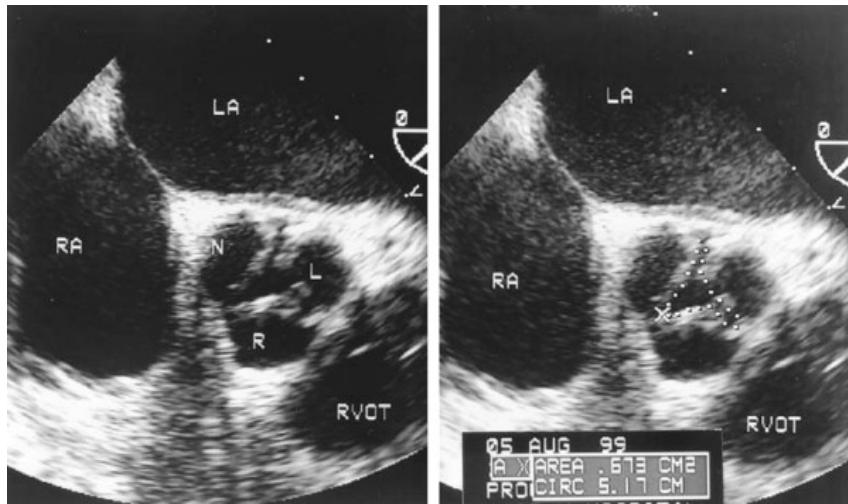
Mitral Darlığı



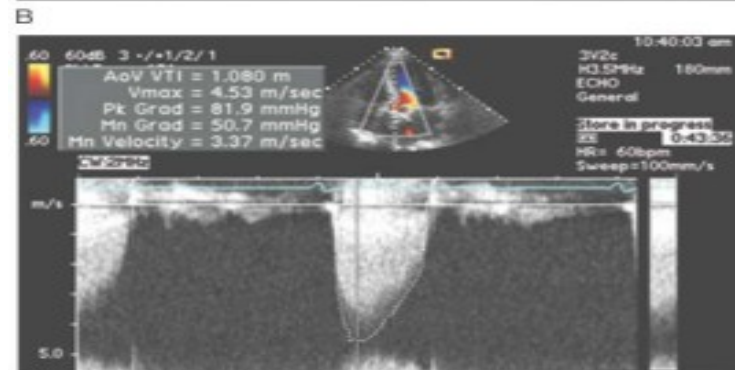
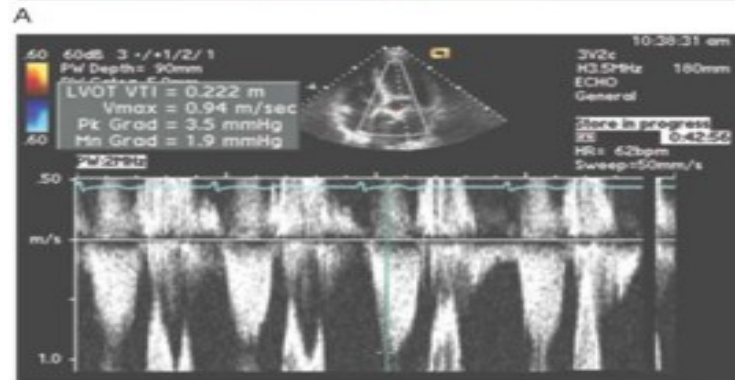
Aort Yetersizliği: Hafif ve Orta



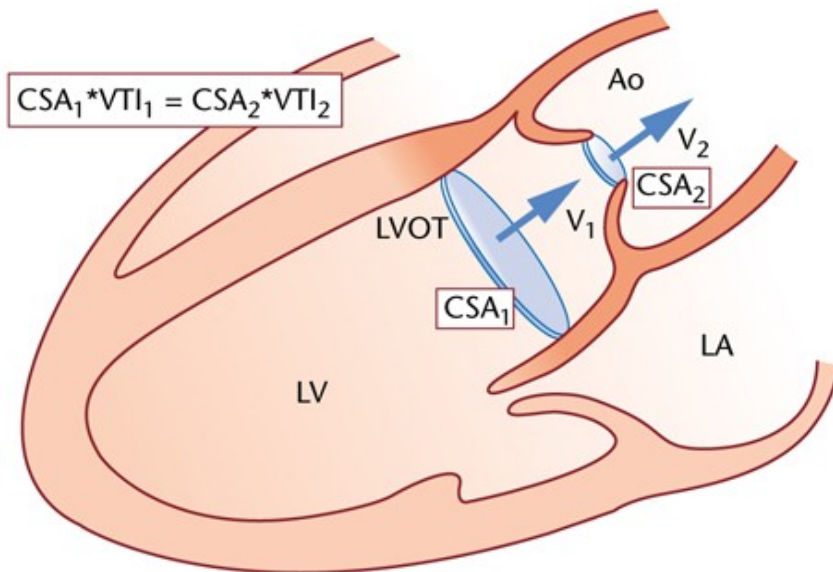
TEE: AVA ölçümü



Süreklilik prensibine göre AVA



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- = LV sistolik işlevin normal yada hafif anormal olması (>%45-50)
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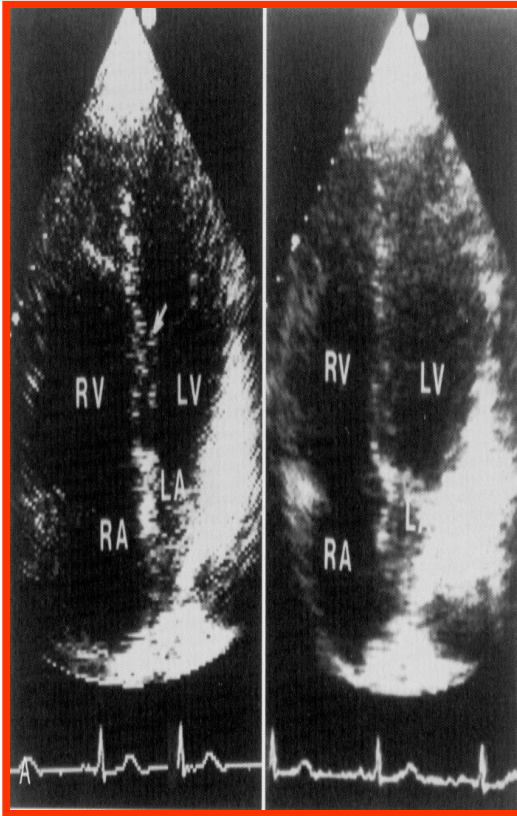
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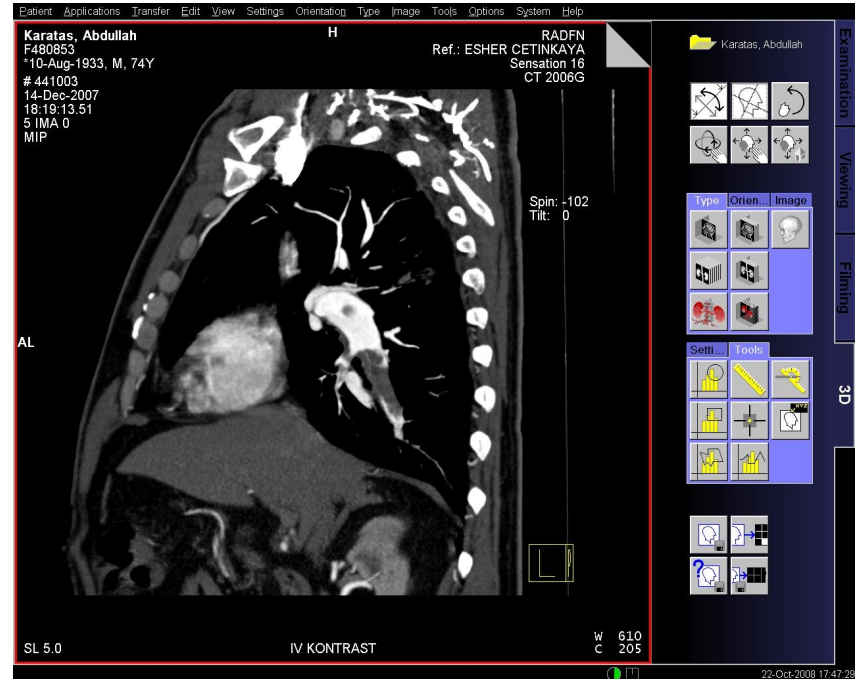
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SağV Disfonksiyonu ve Yüklenmesi Etiyolojisi



- Sol KY yapan nedenler (AMI, KMP, VKH...) (en sık)
- Pulmoner HT yapan nedenler (KOAH, cor pulmonale...)
- Pulmoner Emboli
- Konj Kalp hastalıkları (ASD, ebstein...)



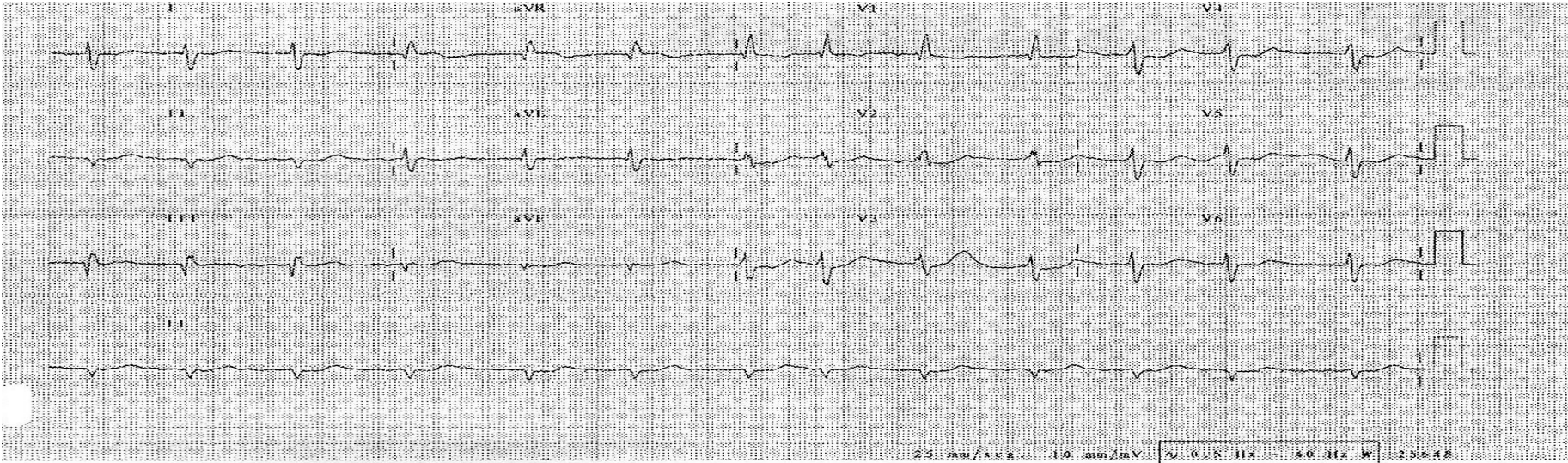
PULMONER EMBOLİ

- Elektrokardiyografi

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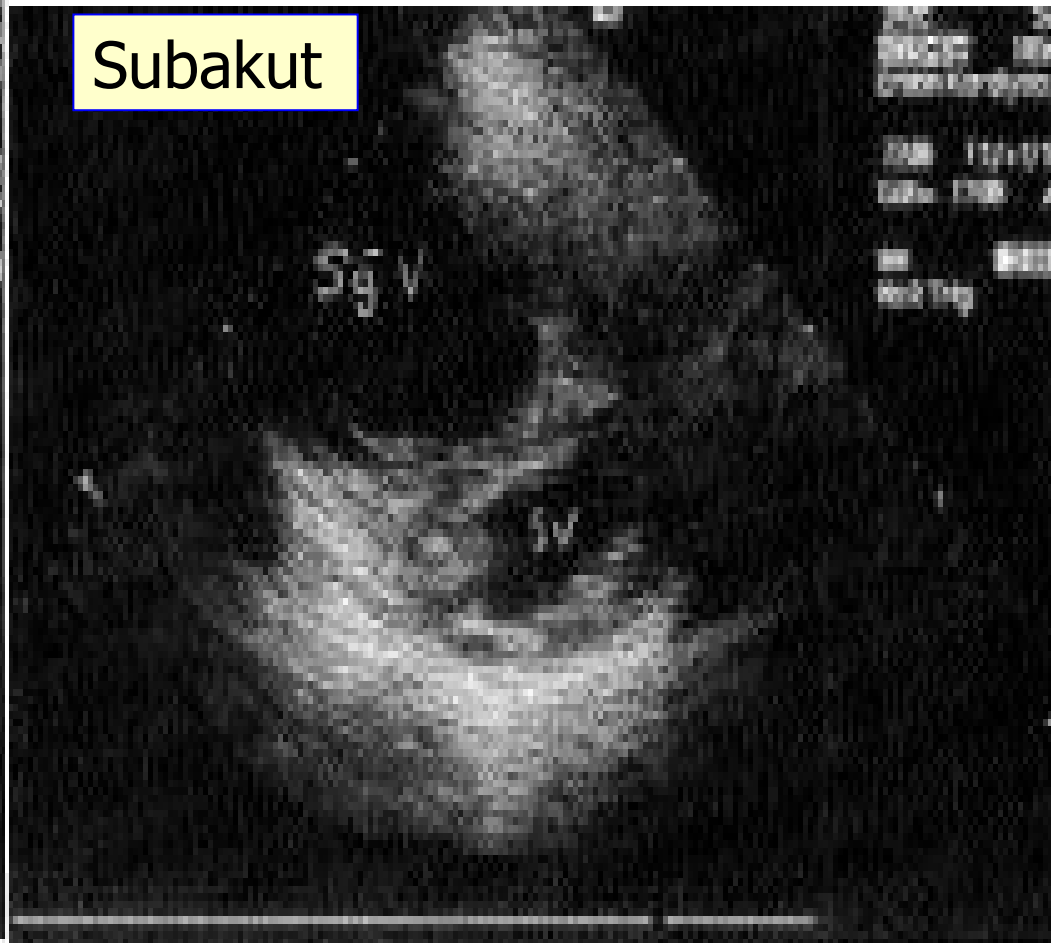
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Akut



Subakut



PULMONER EMBOLİ- Ekokardiyografi

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- Yüksek riskli PE hastalarında, ekokardiyografide sağ ventrikül yüklenme veya disfonksiyon bulguları yoksa pratik olarak PE ekarte edilir.
- Yüksek riskli olmayan PE'de ekokardiyografinin esas rolü orta veya düşük risk kategorilerine göre prognostik ayırımı yapmaktır.
-

**Yüksek riskli PE şüphesi
(şok veya hipotansiyon)**

Acil BT*

hayır

evet

Ekokardiyografi

Sağ ventriküler overload

hayır

evet

**BT mümkün
ve hasta stabil**

BT

pozitif

negatif

**Başka sebepler
araştırılır**

**Diğer testler mümkün değil #
veya hasta stabil değil**

**PE spesifik tedavi
doğrulandır**
Trombolizis veya
embolektomi planla

**Başka sebepler
araştırılır**

2017/04/04

2017/04/04

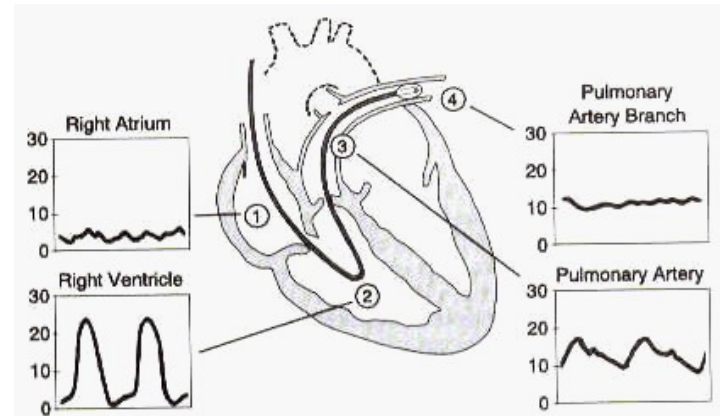
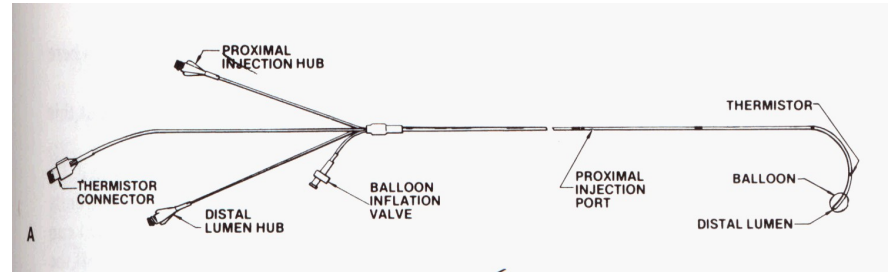
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Femoral, Subclavian Veya Juguler Ven Ponksiyonu:

- Sheath Sistemi Yerleştirilir
- Kateterle RA'a Kadar İlerlenir;
- CS, LA, Rv'ye Girilir.

Rv Yolu İle Rvot-pa-dalları-wedge (La Trasesi)





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