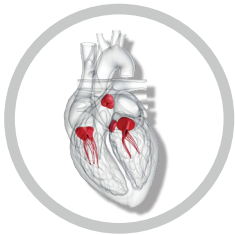

BÖLÜM **2**

Kalp Kapak Hastalıklarında Non İnvazif Stres Testleri ile Tanısal Yaklaşım

Aysel YAĞMUR [1]

GİRİŞ

Kalp kapak hastalıklarının değerlendirilmesinde endikasyona ve testin amacına göre hem dobutamin hem egzersiz ile stres ekokardiyografi (SE) kullanılabilir. Kapak lezyonlarının birçoğunun seyri yavaştır ve hastalar, aktivitelerini sınırlandırdıkları için semptom göstermeyebilirler. Şüpheli semptom öyküsü olan hastalarda egzersiz testi, gerçekten semptomatik olanları belirlemeye yardımcı olur [1,2].

Doğal kapak hastalığında SE için klinik endikasyonlar üçe ayrılabilir: a) asemptomatik ciddi kapak hastalığı, b) semptomlu ciddi olmayan kapak hastalığı ve c) düşük akımlı kapak hastalığı [3-5]. Her durumda testin amacı girişime gerek duyan yani ciddi kapak hastalığı ve semptomları, LV sistolik disfonksiyonu veya diğer hemodinamik sonuçları olan hastaları belirlemektir [6,7]. Semptom olup ciddi olmayan kapak hastalığında, testin temel amacı kapak hastalığının gerçekten ciddi olup olmadığını sorgulamak, şiddetini stres kaynaklı değişikliklere veya potansiyel bir dinamik bileşene göre yeniden derecelendirmektir. Düşük akımlı kapak hastalığında testin amacı, stres ile şiddet parametrelerindeki akıma bağlı değişiklikler sağlayarak, kapak hastalığının gerçekten şiddetli olup olmadığını belirlemektir[8].

Egzersiz testlerinin iyi eğitimli personel tarafından, sürekli EKG ve kan basıncı takibi ile yapılması önemlidir. Egzersiz testi bir koşu bandı ile yapılabilir ancak bu durumda egzersiz görüntüsünden daha ziyade egzersiz sonrası görüntüler alınabilir ve bu da egzersizle ilgili maksimum noktaların daha düşük çıkmasına veya gözden kaçırılmasına neden olabilir. İdeali, stres testinin, test boyunca ve özellikle düşük iş yükünde ve en yüksek eforda bile görüntülemeye izin vermesidir. Bunun için supin bisiklet egzersizi yapılması daha uygundur. Düşük iş yükünde görüntüleme, subklinik sol ventrikül sistolik disfonksiyonunun saptanmasına yardımcı olarak, kontraktil rezervin ve global longitudinal straindeki değişikliklerin her ikisinin de değerlendirilmesine olanak verir. Ayrıca, düşük iş yükünden kaynaklanan sistolik pulmoner arter basıncındaki artış, ciddi kapak hastalığının hemodinamik sonucu olarak patolojik bir yanıttır ve daha yüksek özgüllüğe sahiptir. Dobutamin stres, sol ventrikül ejeksiyon fraksiyonunda azalma ile düşük akımlı, düşük gradiyent-

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gelen hemodinamik değişikliklerin değerlendirilmesi, özellikle egzersiz semptomları ile sınırlanan ve aniden daha fazla egzersiz yapamama ile sonuçlanabilen hastalarda değerlidir [12]. Egzersiz akım artışının mitral ve aort kapakları için farklı olduğu bilinmektedir; ortalama mitral orifis alanı egzersizle artarken aort kapağı seviyesindeki atım hacmindeki artışlara aort zaman hız integralindeki artışlar aracılık eder [79]. Romatizmal mitral kapak hastalığında hem stenoz hem regürjitasyon olabilir ve bu lezyonların rölatif dereceleri egzersiz sırasında değişebilir; bunun tanınması tedavi için önemlidir [80]. Benzer şekilde, kombine darlık ve yetersizlik olan aort kapak hastalığında, kombinasyonun sonuçları her iki lezyonun toplamı olabilir.

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