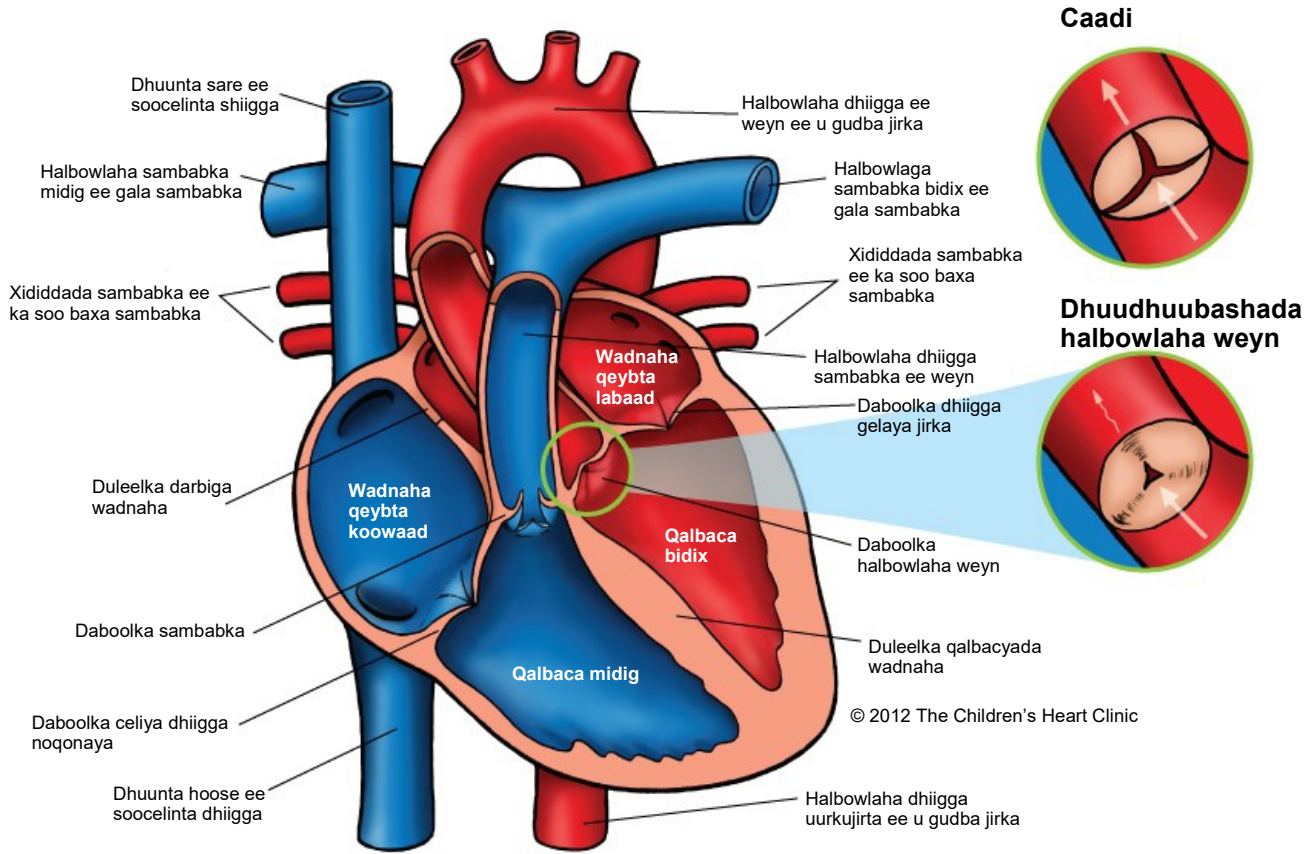


Aortic Stenosis - Valvar

Dhuudhuubashada daboolka: Halbowlaha Weyn



Ogeysiis:

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Dhuudhuubashada daboolka: Halbowlaha Weyn

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Aortic stenosis (dhuudhuubashada halbowlaha weyn ama AS) waa dhuudhuubasho daran ama left ventricular outflow tract (xannibaadda qulqulka dhiigga qalbaca bidixe ama LVOT) oo ku dhacda sare, hoose, ama heerka daboolka halbowlaha weyn. Daboolka AS waxa loola jeedaa dhuudhuubashada daboolka oo waa nooca ugu badan (71%). Daboolka halbowlaha caadiga ah waxa uu leeyahay saddex liifadood (saddexda liifadood). 75% carruurta qabta AS, halbowlaha weyn waxa uu leeyahay laba liifadood oo keliya (laba-liifadle) taas oo keenta in ay isku duubmaan (meesha ay 2 liifadood isaga biiraan). Noocani inta badan ma noqdo xannibaadda carruurnimada, laakiin muddo ka dib daboolku wuu kala baxaa oo qaangaarnimada ka dib ayuu keeni karaa xannibaad. Daboolka halbowlaha halkii liifad iyo Furka halbowlaha ma dhacaan marar badan. Noocyadaas ah AS waxay keeni karaan AS *halis ah ama daran*, oo waa in wax laga qabto.

Wiisiteynta/Calaamadaha Jirka:

- Marka AS tahay halis, dhallaanka waxay yeeshaan duleel xun, barar gala sambabbada (dheecaan ku hara sambabbada) maalmo ama toddobaadyo gudahood ka dib dhalashada marka daboolku xirmo. Xaalka caafimaadku waxa uu u ekaan karaa jeermis jirka gala (infakshan daran).
- Carruurta badanaa ma laha calaamado AS ama waa dhexdhexaad.
- Daal, xanuun xabadka ah oo aad ah, ama tawafid (suuxdin) ayey AS daran keeni kartaa.
- Guuxa: Qacda, heerka II/VI ee guuxa la maqlayo waa dhinaca bidixe ee feeraha, oo wuxuu i gudbaya madaxa iyo qoorta. Dhawaaq bixid ah ayaa laga yaabaa in uu jiro. Guuxa hore ee halbowlaha ayaa mararka qaarkood lagu arki karaa ilmaha laga helo daboolka halbowlaha weyn ee labada liifadood.

Cilladsheegid:

- Raajo Xabadka: Cabbirka wadnaha caadiga ah iyo habka xididdada sambabbada. Halbowlaha qeybta kor u socota ayaa foocsanaan karta.
- EKG: Cabbirka yar waa caadi. Habka xididdada bidixe oo fida (ballaarta) ayaa la arki karaa markay jirto AS daran.
- Uultarasawanka wadnaha: Cilladsheegid.

Maareynta/Daaweynta Caafimaadka:

- Ballamo ah uultarasawanka wadnaha ee sannad kasta ee ilmaha aan lahayn calaamado ah dhuudhuubasho heerkeedu yahay meel dhexaad, oo aad ugu badan AS nooca daran.
- Cirbad Daawo (PGE) gaar ah si loo ilaaliyo halbowlaha ka hor tuubbagelinta ama qalliinka ah waxqabadka ee dhallaanka calaamadaha leh.
- Habka Qalliinka Tuubbagelinta: Buufin lagu soo foocinayo tuubbagelinta wadnaha ayaa badanaa ah tallaabada ugu horreysa ee maareynta dhallaanka qaba AS ama dhallaanka iyo carruurta calaamadaha leh.
- Qalliinka: Haddii ay noqoto in uu daboolku keento aortic regurgitation (xanuun ku dhaca halbowlaha ama AR) ama haddii uu cadaadisku weli sarreeyo (eeg Beddelaadda Daboolka Hal-bowlaha iyo/ama Qalliinka Ross).
- Daawada xinjirowga oo ah abaddan (Coumadin iyo Aspirin) waa in loo qaato marka gacanta lagu beddelo daboolka halbowlaha si uusan xinjirow dhicin.
- La-socosho ah daaweynta wadnaha oo joogto ah ayaa khasab noqon doonta.

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Natijoooyinka Mustaqbalka-Fog:

- Dhuudhuubashada halbowlaha waxay noqon kartaa mid aad u daran mustaqbalka oo lala socon doono wadnaha muddo dheer iyo qalliin ah xilliga qaangaarka. 10 ilaa 30% ayuu ku dhacayaa xanuun halbowle (iyo inuu dhiig daato) ka dib marka la buufiyo ama la qalo.
- Infkakshan ah bakteeriyo ayaa ku dhici karaa 4% ilmaha qaba xanuunka AS.
- Heerka geerida carruurta qabta xanuunka AS waa 1 ilaa 2%. Dhallaanka qaba AS halis ah geeridoodu qiyaastii waa heer ku dhow 10%.
- Natijoooyinka kobcidda waa ay kala duwan yihiin oo waxay ku xiran tahay sida uu xanuunku u daran yahay iyo xanuunnada kale ee u weheliya.