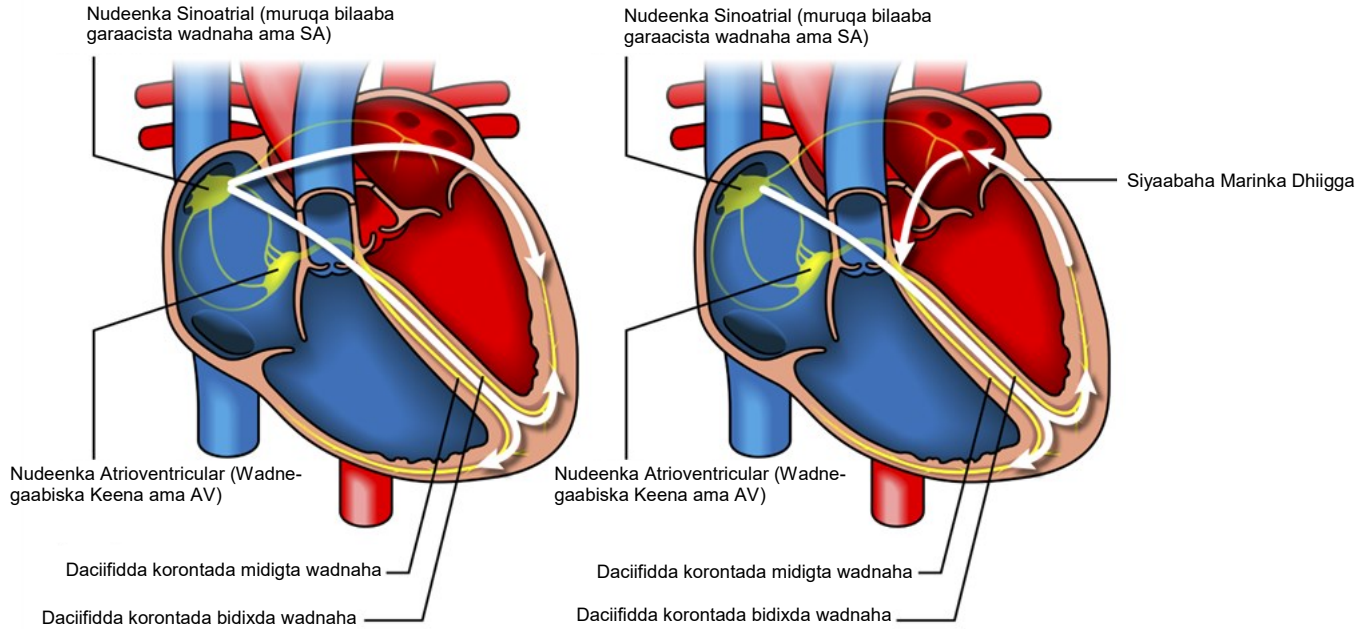


Wolff-Parkinson-White Syndrome (WPW)

Nooc ka mid ah Wadne-garaaca Khaldan ama (WPW)

Supraventricular Tachycardia (SVT)

Wadne-garaac Degdeg Aan Caadi Ahayn ama (SVT)



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Nooc ka mid ah Wadne-garaaca Khaldan ama (WPW)



Wadne-garaac Degdeg Aan Caadi Ahayn ama (SVT)

Ogeysiis:

The Children's Heart Clinic 2530 Chicago Avenue S, Ste 500, Minneapolis, MN 55404
612-813-8800 * Toll Free: 1-800-938-0301 * Fax: 612-813-8825
Children's Hospital of Minnesota, 2525 Chicago Avenue S, Minneapolis, MN 55404

Wadne-garaac Degdeg Aan Caadi Ahayn ama (SVT) Supraventricular Tachycardia (SVT)

Supraventricular Tachycardia (Wadne-garaac Degdeg Aan Caadi Ahayn ama SVT) waa garaaca wadnaha degdegga ah oo aan caadiga ahayn oo uu keeno kala-duwanaanshaha sameynta habka korantada wadnaha. Waxaa lagu qiyaasaa in uu ku dhacdo 1 ka mid ah 2500 oo ah dhallinta. Waxaa jira noocyo kala duwan oo ah SVT oo noocya ugu caansan waa:

Atrioventricular reentrant tachycardia (Wadnegaraaca degdegga ee qalbaca iyo halbowlaha ama AVRT) – Waxa u sabab ah koronto dheeraad ah oo ku wareegsan qalbacyada u dhexeeya qeybaha sare iyo hoose ee wadnaha ee u oggolaanaysa dareenka korantada in uu ku gaaro leyn gaaban oo ah wadnaha gudihisa. Markaan kuwan ku aragno ECG inta lagu jiro *Wolff-Parkinson-White (xanuunka laxanka caadiga ah ama WPW)*. Kani waa nooca ugu badan ee SVT ee dhallaanka iyo carruurta yaryar.

Atrioventricular nodal reentrant tachycardia (Wadnegaraaca degdegga ee nudeenka qalbaca iyo halbowlaha ama AVNRT) – Waxaa u sabab ah iskuxir aan caadi ahayn oo ka dhex jira nudeenka Atrioventricular (Halbowlaha qalbaca ama AV) ogolaanaya wareeg gaaban inuu dhaco. Waa nooca ugu badan ee SVT marka ay carruurto sii weynaadaan.

Ectopic atrial tachycardia (Wadne-garaac degdega oo aan caadi ahayn ama EAT) – Waa koox yar oo ah unugyo oo ku jira qeybta sare ee wadnaha ee bilowda in uu garaaca wadnaha noqdo mid ka dhakhso badan sida caadiga ah ee garaac-hagaajiyaha wadnaha. Kani waa nooc dhif iyo naadir ah oo SVT ah.

Wiisiteynta/Calaamadaha Jirka:

- Calaamadaha ugu badan waa garaaca wadnaha, naqaska oo yaraada, xabad-xanuun, dawakhaad, iyo quudinta dhallaanka oo xumaata.
- Baaris kooban oo ah jirka oo dhan.

Cilladsheegid:

- EKG: Marka la sameeyo inta lagu jiro SVT waa ogaanshaha lagu heli karo nooca waxa jira. Haddii aysan jirin SVT, inta badan gebi ahaan waa wax iska caadi ah, ilaa ay jirto WPW.
- Echo: Inta badan waa caadi oo ma caawiso in la sameeyo sidii lagu ogaan lahaa SVT. Ka dib ogaanshaha, echo ayaa inta badan la sameeyaa si loo eego cilladaha qaabdhismeedka dhifka ah ee lala xiriirin karo, iyo in la hubiyo shaqada wadnaha haddii ay SVT jiray muddo dheer.
- Sida looga ogaanayo: Inta badan waxaan isticmaaleynaa shaashad si loogu diiwaan geliyo wakhtiga calaamadaha garaaca aan caadiga ahayn. Waxaa jira noocyo kala duwan oo la isticmaali karo oo dhakhtarka wadnaha ayaa eegaya noocyada kala duwan si loogu arko waxa ugu fiican.

Maareynta/Daaweynta Caafimaadka:

- Haddii aysan jirin welwel ah garaac aan caadi ahayn oo dheer waa in wax la qabto. Haddii ay marmar jirto, habka kicinta neerfaha waa in la sameeyo si loo joojiyo. Waxaa jirta daawo la yiraahdo adenosine oo laga qaato IV marka la aado qeybta imarjansada.
- Daawooyinka waxaa loo isticmaali karaa in lagu xakameeyo SVT, laakiin dhibaata ka hooseysa sidaa kuma tageyso. Waxaa la isticmaali karaa maalin kasta ama marmar hadba sidii loogu baahdo marka aysan dhibaataadu tageyn (dhammaaneyn).
- Burburinta meelaha xun waa habraac kateetar la geliyo saracda ah looga gudbo xididdada wadnaha si loo tijaabiyo korontada iyada oo laga soo saarayo wixii ah iskuxire caadi ahayn. Tani waa daawada keliya ee SVT.

Natijoooyinka Mustaqbalka-fog:

- Kuwaasi waa wax dhib la'aan oo macnaheedu waa in aysan jirin dhaawac joogto ah oo ku dhacay wadnaha oo aan sababeyn dhimasho degdeg ah. Bukaanka qaba SVT waxay ku noolaan karaan nolol caadi ah oo looma diidayo dhaqdhaqaaqa.
- Haddii ay jirto in wadnahu si aan caadi ahayn u garaacayo maalmo ilaa toddobaadyo oo ka dib muruqa wadnaha ayaa daalaya oo waxaa jiraya calaamado ah in wadnuhu shaqeyn waayo. Waxaa la yiraahdaa *garaacista degdeg ah ee infakshanka muruqa wadnaha* oo waa lagu celin karaa xakameyn ah garaacista.

Wadne-garaac Degdeg Aan Caadi Ahayn ama (SVT)
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- AVRT haddii laga helo ilma yar waxaa laga xalin karaa sannadka ugu horreeya ee nolosha. Markaas ka dib, uma badna in ay iskeed u xallismi karto. EAT iskeed ayey u xallismi kartaa iyada oo aan loo eegeyn da'da bukaanka. AVNRT waa wax aan iskeed u bixin.
- Haddii lagu guuleysto hawsha tuubbada ilaa saracda looma baahna ballan kale oo lagula socdo. Haddii daawooyin la siinayo ilmaha waa in ballan loo qabto hal ama laba mar sannadkii.