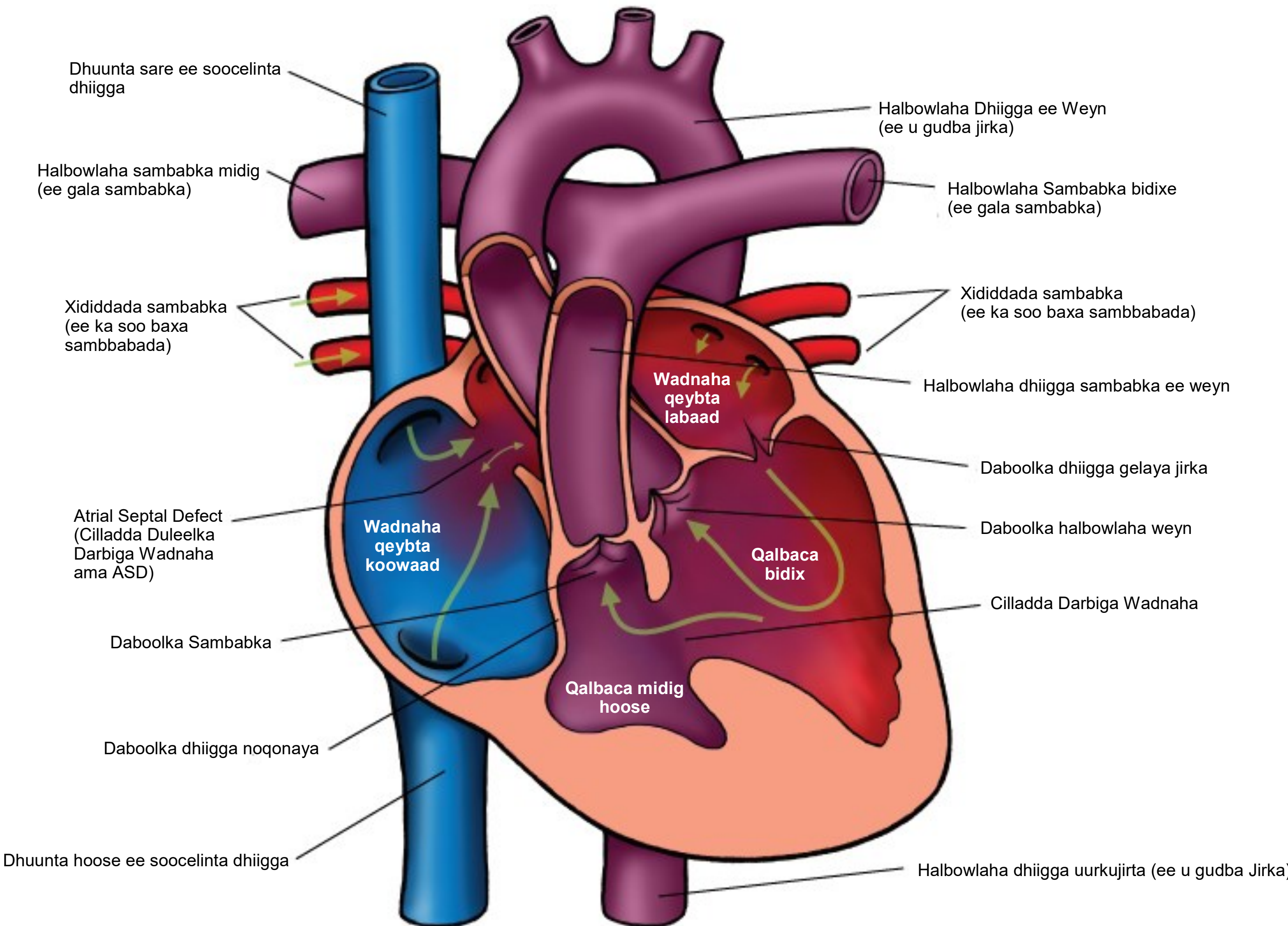
Tricuspid Atresia

Maqnaanshaha Daboolka Wadnaha Qeybta Sare ama TA



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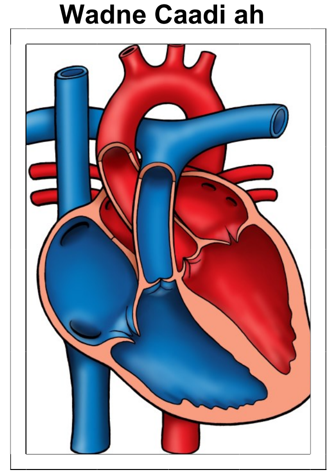
Wadne Caadi ah



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Maqnaanshaha Daboolka Wadnaha Qeybta Sare ama (TA)
Tricuspid Atresia (TA)

Tricuspid Atresia (Maqnaanshaha Daboolka Wadnaha Qeybta Sare ama TA) waa lagu dhashaa. Qulqulka dhiigga oo aan caadi u ahayn qalbaca midig ee qeybta sare ee wadnaha (oo xiran ama aan jirin) dabool dhiigga u celiya, qalbaca midig ayaa noqday unugyaraad (yar oo aan unkamin). Xanuunada wadnaha ee la xiriira waa atrial septal defect (cilladda duleelka darbiga wadnaha ama ASD), ventricular septal defect (duleelka darbiga wadnaha ama VSD), ama patent ductus arteriosus (xididka dheeraad ah ama PDA) waxay muhiim u yihiin nolosha. TA waxaa lagu kala saaraa joogitaanka ama maqnaanshaha pulmonary stenosis (dhuubashada sambabada ama PS) iyo transposition of the great arteries (ala-beddelmidda halbowleyaasha waaweyn ama TGA). 50% carruurta qaba TA, caadi ahaan waa xididdada waaweyn, VSD yar, iyo PS ayaa laga helaa. Sambabka ayaa yareeya qulqulka dhiigga, halbowleyaasha sambabka ayaa noqdo unugyo yaryar. Markay TGA jirto, daboolka sambabka waa caadi, qulqulka dhiigga sambabka ayaa kordha xaaladaha badankood. Marmar, daboolka sambabka ayaa isku dhega (aad u dhuubta) ama aan u duleelin qulqulka dhiigga sambabka ayaa yaraada. Buundada xumaata ee halbowlaha weyn ama carqalad ku dhacda qaabka halbowlada weyn ayaa badanaa lagu arkaa ilmaha laga helo TA iyo TGA. TA waa xanuun ah ilaa 1% ka mid ah xanuunada wadnaha ee lagu dhasho.

Wiisiteynta/Calaamadaha Jirka:

- Midabka inuu si xun u doorsoomay (midab uluug ah) oo lagu dhasho.
- Neefsasho degdeg ah (neefgurid boobsiis ah) iyo cunto xumo.
- Guux: Heerar ah II ilaa III/VI ayaa laga maqlayaa dhiigga VSD ee xuduudka bidixe ee xabadka.
- Beer-bararid (beerka oo weynaada) ayaa dhici kara.

Cilladsheegid:

- Raajada Xabadka: Cabbirka wadnaha inuu caadi yahay ama in yar weyn yahay. Calaamadaha xididdada sambabka in ay caadi ahaan yaraadeen.
- EKG: Unugweynaad ah qalbaca bidixe ee wadnaha (LVH) ayaa badanaa jira. Dhidibka sare ee QRS ayaa ah calaamad.
- Uultarasawnka wadnaha: Cilladsheegid.

Maareynta/Daaweynta Caafimaadka:

- Prostaglandin E (daawada sameynta xinjirta ama PGE) ayaa ilmaha lagu bilaabaa isla markiiba ka dib dhalashada marka uu jiro doorsoomid ah midabka oo daran si loo ilaaliyo xididka dheeraadka ah ilaa la sameeyo tuubagelinta wadnaha ama qaliin.
- Buufin lagu duleelinayo kala-qeybiyaha kore ilmaha loogu sameeya sheybaarka kateetaraha markuusam dhallaanku lahayn isgaarsiin ah qeybaha kore oo ku filneyn (ASD ama PFO yar).
- Dhallaanka qaba VSD oo haysta qulqul ah dhiig ku filan uma baahna qalliin sida nuunne cusub, laakiin si dhow ayaa loo ogaanayaa hoos u dhaca ogsijiinta oo si degdeg ah u yareyn karta VSD.
- Qalliin hagaajineed oo ah dhowr heer ayaa lagama maarmaan u ah nolasha ilmaha. Qalliimada waxaa ku mid noqon kara modified Blalock-Taussig shunt (Kordhinta Dhiigga Sambabka ama BTS), Damus-Kaye-Stansel (Qaadista Bixista Dhiigga Qalbaca ama DKS), Glenn, Fontan, ama qalliinka Kawashima. Dhakhtarka wadnaha ilmaha ayaa sheegi doona fursadaha iyo wakhtiga qalliinka.
- Maareynta daaweynta ka dib qalliinka waxaa ka mid ah daawo biyaha saarta (Lasix), aspirin ama coumadin oo ka hortaga xinjirta (xinjirowga), iyo daawo dhiigkar ACE (enalapril, captopril).
- Antibiyootigga loo qaato bakteeriyada ka hor qalliinka ilkaha ayaa ilmaha lagu eegayaa.
- Dhakhtarka wadnaha oo lala socdo ayaa muhiim ah si loo ogaado wixii dib ka soo baxa.

Natiijooyinka Mustaqbalka-Fog:

- Nolosha ah ilaa 5 sano ilmaha qaba TA waa 80%; nolosha ah ilaa 10 sano 70% dunida oo dhan.
- Natiijooyinka nolosha iyo koboca mustaqbalka ilmaha aad bay u kala duwan yihiin oo sababtuna waa natiijooyinka qalliinka ka dib iyo wixii xanuun kale ah oo jira. Wakhti joogto ah waa in ay la socdaan takhasusaadka Kobocamaskaxeed intuu ilmuhu yar yahay iyo intuu korayo.

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