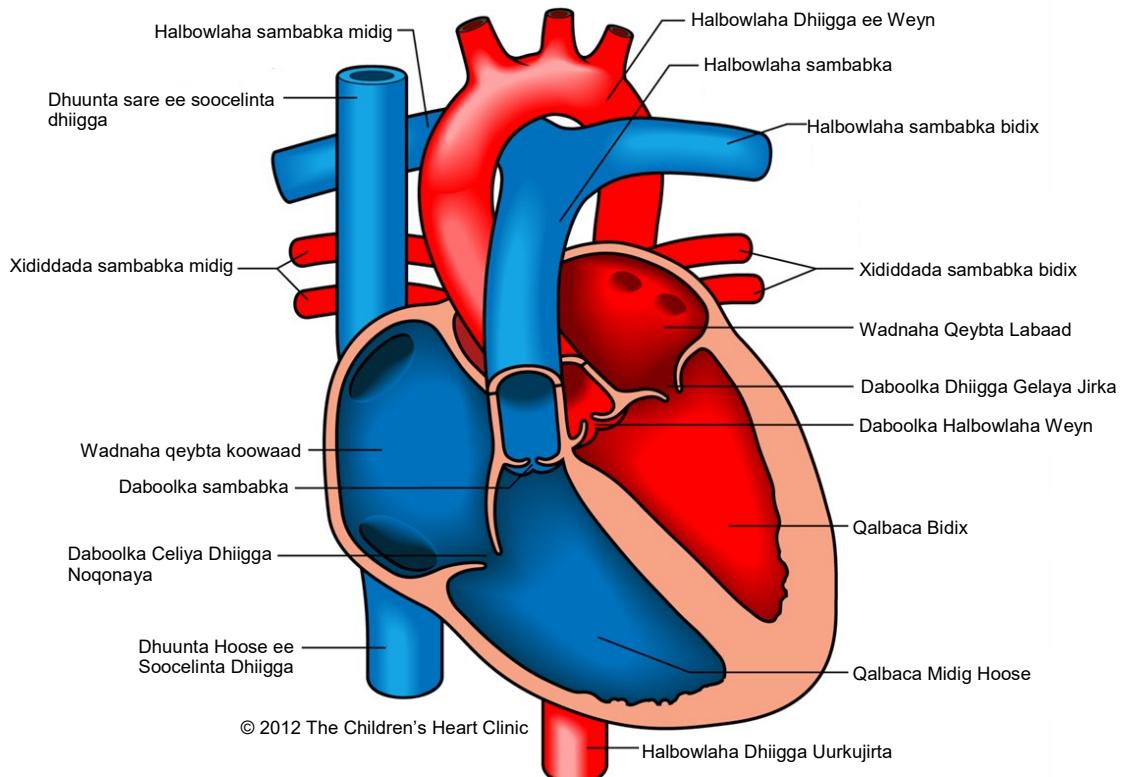


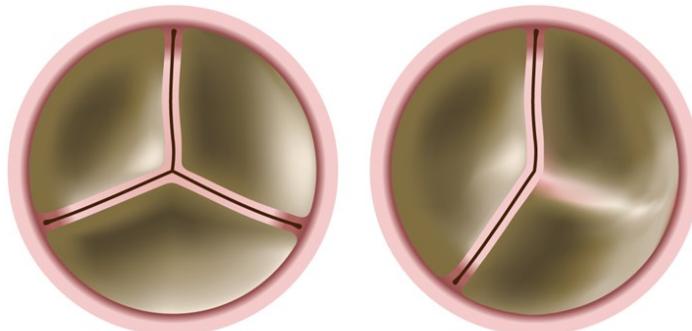
Bicuspid Aortic Valve

Daboolka Halbowlaha Weyn oo Xumaaday



**Daboolka Halbowlaha
Weyn oo Caadi ah**

**Daboolka Halbowlaha
Weyn oo Xumaaday**



Ogeysiis:

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Daboolka Halbowlaha Weyn oo Xumaaday

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Daboolka halbowlaha weyn waa nooc ka mid ah xanuunnada wadnaha ee lagu dhasho sababtoo ah daboolkaas ayaa leh muuq ah laba liifadood oo keliya, iyadoo la rabay in uu yeesho saddex. Waxaa keena isqabsasho (isku-xirnaan) ah laba liifadood oo markaas hal liifad isku noqonaya. Daboolka halbowlaha weyn ee labada liifadood waxaa dadka lagu arkaa 1 ilaa 2%. Keligiis ayaa la arki karaa ama waxaa lala xiriiriya nabar ku yaalla wadnaha dhiniciisa bidixe, sida cillad ah muruqa u dhaxeeyaa labada qalbac (eeg dhuudhuubashada muruqa), ama dhuubashada halbowlaha weyn. Calaamadaha la arkayo waa ay kala duwanaan karaan ilmaha qaba daboolka ka xumaada ee halbowlaha ciriirka gelaya (dhuudhuurbanaya) ama aan celineyn dhiigga (daadinaya).

Wiisiteynta/Calaamadaha Jirka:

- Badanaa daboolkaas ma laha calaamado (waa calaamad la'aan), haddii aysan sababtu ahayn aortic stenosis (halbowlaha ciriirka ab ama AS) (dhuudhuurbanaya) ama regurgitation (aan celineyn) dhiigga (daadanaya) ama AR
- Carruurta badanaa ma laha calaamado AS ama waa dhexdhedaad.
- Daal, xanuun xabadka ah oo aad ah, ama tawafid (suuxdin) ayey AS daran keeni kartaa.
- Marka AS tahay halis, dhallaanku waxay yeeshaan duleel xun, barar gala sambabka (dheecaan ku hara sambabbada) maalmo ama toddobaadyo gudahood ka dib dhalashada ka dib xidid dhiigeed dheeraad ah (eeg Xidid Dhiigeed Dheeraad ah) ayaa xirma. Xaalka caafimaadku waxa uu u ekaan karaa jeermis jirka gala (infakshan daran).
- Guuxa AS: 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.
- Ultarasawnka wadnaha: Cilladsheegid.

Maareynta/Daaweynta Caafimaadka:

- Ballamo ah ultarasawnka wadnaha ee sannad kasta ee ilmaha aan lahayn calaamado ah AS heerkeedu yahay meel dhexaad, oo aad ugu badan AS nooca daran.
- Prostaglandin E (Cirbad Daawo ama PGE) gaar ah si loo ilaaliyo halbowlaha ka hor tuubbagelinta ama qalliinka ah waxqabadka ee dhallaanka leh calaamadaha daran ee AS.
- 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 kateetare noqoto in uu daboolku keeno aortic regurgitation (xanuun ku dhaca halbowlaha ama AR) ama haddii uu cadaadisku weli sarreeyo (eeg Beddelaadda Daboolka Halbowlaha 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-socoshada wadnaha ayaa khasab ku ah ilmaha daboolka halbowlaha weyn ee xumaaday, iyadoo aan loo eegeyn heerka darnaanshaha.

Natiijooinka 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% ayey ku dhacdaa AR marka buufin ama qalliin lagu farsameeyo daboolka.
- 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%.
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- Natijjooyinka kobcidda waa ay kala duwan yihii oo waxay ku xiran tahay sida uu xanuunku u daran yahay iyo xanuunnada kale ee u weheliya.
- Infakshanka bakteeriyada prophylaxis ayey u baahan doonaan ilmaha loo sameeyo daboolka halbowlaho weyn.