

METABOLİK KEMİK HASTALIKLARI VE ARTRİTLER

21. BÖLÜM

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Giriş

Metabolik kemik hastalıkları, kemik döngüsünü etkileyen, genetik ve edinsel faktörler ile ortaya çıkan, birçok hastalıktan oluşmaktadır. Metabolik kemik hastalıklarının içinde; osteoporoz, primer hiperparatiroidizm, osteomalazi ve rikets, hipoparatiroidizm, psödohipoparatiroidizm, paget hastalığı, hipofosfatazya, osteogenezis imperfekta yer almaktadır. Bu hastalıkların birkaçı ile romatolojik hastalıklar arasında yakın bir ilişki vardır. Metabolik kemik hastalıkları, romatolojik hastalıklara eşlik edebileceği gibi romatolojik semptom ve bulguları taklit ederek yanlış tanıya sebep de olabilir.

1. Artritlere Eşlik Eden Metabolik Kemik Hastalıkları

a. Osteoporoz

Kemik yapım ve yıkımın devam ettiği dinamik bir dokudur. Dinamik yapısı sayesinde; i) yük taşıyan iskeletin adaptasyonu, ii) mekanik stres nedeni ile oluşan mikro hasarların onarımı, iii) iskeletten kalsiyum mobilizasyonu sayesinde serum kalsiyum homeostazı sağlanmaktadır. Kemiğin bu dinamik yapısına kemik döngüsü (remodeling) de denilmektedir (1). Kemik döngüsü, kemiğin

rezorpsiyonunu takiben aynı alanda yeni kemik yapımının görüldüğü kompleks bir süreçtir (2). Bu süreçte hem hücreler (osteoklast, osteoblast) hem de enzimler ile moleküler mekanizmalar (matriks metalloproteinaz, nükleer faktör kappa B ligand'ın reseptör aktivatörü, osteoprotegerin, Wnt yolağı) rol almaktadır (1). Döngü sırasında ortaya çıkan sistemik ve/veya lokal problemler farklı metabolik kemik hastalıklarının ortaya çıkmasına neden olur (2).

Osteoporoz (OP), hem kortikal hem trabeküller kemik yapısının zayıflaması ile birlikte kemik mineral kütlesinde azalma ile karakterize sistemik iskelet hastalığıdır. OP'nin asıl sebebi, farklı nedenler ile tetiklenmiş artmış kemik döngüsüdür (1). OP nedenleri genel olarak primer ve sekonder olarak ayrılır. Tablo 1'de OP nedenleri sunulmuştur (3). Nedenler arasında hem romatolojik hastalıklar hem de bu hastalıkların tedavisinde sıklıkla kullandığımız ilaçlar yer almaktadır.

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bilir. Kranium tutulumunda 2. ve 8. kranial sinirler etkilenebilir ve işitme kaybına neden olabilir. Laboratuvarında hiperkalsemi, hiperkalsiüri ve ALP yüksekliği saptanır. Ayrıca görüntüleme kraniumda diploe mesafesinde artış ve lokal radyoluksen alan (osteoporosis circumscripta), sklerozis, lizis, trabeküler ve kortikal kemiklerde kalınlaşma görülür. Pelvis ve sakroiliak eklem tutulumunda, tutulum sakroiliit ile karışabilir. Bu nedenle, bazı paget hastaları hem klinik hem görüntüleme ile AS'yi taklit edebilir (3,52,53).

Sonuç olarak, metabolik kemik hastalıkları ve romatolojik hastalıklar arasında yakın bir ilişki bulunmaktadır. Bu nedenle, romatolojik hastalık tanısı konulan hastalarda, gerek ayırıcı tanıda gerekse eşlik edebilecek komorbiditeler arasında metabolik kemik hastalıkları düşünülmelidir.

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