24. BÖLÜM

İLAÇ İLİŞKİLİ ARTRİTLER

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Giriş

Herhangi bir eklemde ağrı, şişlik, hareket kısıtlılığı, ısı artışı ve hassasiyet olması durumuna artrit denilmektedir. Artrit, bir ya da daha fazla eklemde görülebilmektedir. Bir eklemde artrit görülmesine "monoartrit", bir-dört eklem arasında "oligoartrit", beş veya daha fazla eklemde görülmesine ise "poliartrit" denilmektedir (1). Artritin süresine göre 6 haftadan daha kısa süreli artritler "akut", 6 hafta ve daha uzun süredir devam eden artritler ise "kronik" artrit olarak adlandırılırlar. Birçok ilaç ve bazen aşılar eklem semptomlarına sebep olabilmektedir. Bu bölümde çeşitli kas-iskelet sistemi patolojilerine yol açabilen ilaçlar tartışılacaktır.

İlaca Bağlı Artropatilerin Sınıflandırılması

İlaca bağlı artropatiler hafif, kısa süreli geri-dönüşümlü, artraljiden uzamış destrüktif artrite kadar değişebilmektedir. İlaç ilişkili reaksiyonlar tiplerine göre ilk olarak 1984 yılında Hart ve ark. tarafından sınıflandırılmışlardır (2). İlaç ilişkili reaksiyonlar gruplarına göre ilişkili olduğu ilaçlar ile Tablo 1'de özetlenmiştir (Tablo 1).

İlk dört grup daha çok artrit ve artralji ile prezente olduğundan bu gruplardan daha ayrıntılı bahsedilecektir.

Grup 1. Serum hastalığı tipi reaksiyon:

Serum hastalığı maruz kalınan ajanı takiben 1-2 hafta içerisinde ortaya çıkan ateş, döküntü, poliartralji ve poliartrit ile karakterizedir. İlk defa von Pirquet and Schick tarafından 1905 yılında tanımlanmıştır (3). Tip III hipersensitivite reaksiyonlarının prototipi olarak bilinmektedir. Hemen hemen tüm ilaçların cilt döküntüsü ile birlikte eklem ağrısı ve daha şiddetli durumlarda artrit yapabilme potansiyelleri bulunmaktadır. Serum tipi reaksiyon özellikle penisilin ve barbiturat türevlerinde daha sık görülmektedir. Maruz kalınan ajanın kesilmesini takiben semptomlarda düzelme beklenir (2).

Grup 2. Akut gut alevlenmesi:

Çeşitli ajanların kullanımı hiperürisemi ve akut gut alevlenmesine sebep olabilmektedir. En fazla bilinenler arasında diüretik kullanımı gelmektedir (2). Diüretikler proksimal tübüllerden ürik asit emilimini, ürik asit sekresyonunu artırır ve plazma sıvısı hacmi azalmasına yol açarak hiperürisemi ve gut atağına yol açabilmektedir. Anti-tüberküloz ilaçlar, düşük doz aspirin, sitotoksik kemoterapi, siklosporin, takrolimus, mizoribin

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Tablo 2. İlaç ilişkili lupusa sebep olabilen ajanlar (122)

İlaç ilişkili lupus : kuvvetli ilişkisi olan ajanlar			
Asebutolol	Karbamazepin	Minosiklin	Prokainamid
Hidralazin	Klorpromazin	Penisilamin	Kinidin
İzoniazid	Metildopa	Praktolol	Sulfasalazin
İlaç ilişkili lupus: kesin ilişkisi saptanamamış ya da vaka bazında bildirilmiş ajanlar			
Aminoglutetimid	İbuprofen	Minoxidil	Propiltiourasil
Antiomalin	İnterferon-α ve γ	Nalidiksik asid	Psöralens
Atenolol	İnterleukin-2	Nitrofurantoin	Piritioksin
Betaksolol	Kaptopril	Nomifensin	Simvastatin
Danazol	Klorprotiksen	Olsalazin	Sinnarizin
Deferipron (L1)	Klobazam	Oral kontraseptifler	Sotalol
Diklofenak	Klonidin	Oksiprenolol	Spironolakton
Diltizem	Labetolol	Oksifenisatin	Streptomisin
Disopiramid	Löprorelin	p-Aminosalisilat	Sulfonamid
Enalapril	Levomepromazin	Penisilin	Sülfindak
Etosuksimid	Lityum	Perfenazin	Tetrasiklin
Fenelzin	Lovastatin	Pindolol	Tiamazol(metilmazol)
Fenilbutazon	Mefenitoin	Praktolol	Tiyonamid
Fenitoin	Mesalazin	Prazosin	Timolol göz damlası
Altın tozu	Metiltiourasil	Primidon	Tolazamid
Griseofulvin	Metiserjid	Prinolol	Trimetadion
Guanoksan	Metoprolol	Prometazin	Valproik asit (sodyum valproat)
Hidroklorotiazid	Metrizamid	Propanolol	Verapamil

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