26. ACİL SERVİSTE ANJİYOÖDEM YÖNETİMİ

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Acil servis başvurularının %8-20'si dermatolojik şikayetler nedeniyle gözlenmekte ve bu başvuruların %7-35'ini anjiyoödem ve ürtiker oluşturmaktadır (1-4). Anafilaksi ve havayolu obstrüksiyonu görülebilme ihtimali nedeniyle ölümcül seyir gösterebilen anjiyoödemin akut yönetiminde acil tıp hizmeti veren hekimler anahtar rol oynamaktadır. Bu bölümde anjiyoödemin patogenezi, etiyolojisi, güncel tanı ve tedavi yaklaşımları detaylı bir şekilde ortaya koymaya çalışılmıştır.

1. Sınıflama

Mikrovasküler permeabilite artışı nedeniyle subkütanöz ve submukozal dokularda basmakla çukurlaşmayan ve kendi kendini sınırlayan ödemin gözlendiği anjiyoödem sıklıkla baş-boyun bölgesinde (göz kapakları, dudaklar, dil, ağız tabanı, yumuşak damak, larinks), ekstremitelerde, dış genitalyada ve gastrointestinal sistemde (GİS) gözlenmektedir (5). Ürtikere nazaran daha derin dokularda gözlenen ödematöz değişikliklere genellikle kaşıntı eşlik etmezken, sıklıkla ağrı, yanma ve basınç hissi söz konusudur. Ancak histaminerjik anjiyoödem olgularının yaklaşık %50'lik bir kısmında klinik tabloya ürtiker ve kaşıntının da eşlik edebileceği unutulmamalıdır (6-9). Anjiyoödem, patogenezinin histaminerjik ya da bradikininerjik kökenli olup olmamasına göre sınıflandırılmaktadır (Tablo 1).

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