

Bölüm 4

İRRİTABL BAĞIRSAK SENDROMU- KONSTİPASYON DOMİNANT FORM

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GİRİŞ

İrritabl bağırsak sendromu (İBS), coğrafik bölgelere ve tanı kriterlerine göre değişim göstermekle birlikte prevalansı %5-20 arasında bildirilen fonksiyonel bir bağırsak hastalığıdır (1). Uzun yıllardan beri tanıda yapısal veya biyokimyasal bir bozukluğun olmaması gerektiği kabul edilse de, ortaya çıkan yeni kanıtlar bazı patofizyolojik bozuklukların bu hastalıkta rol oynayabileceğini göstermektedir (2). İBS, gastroenterolojik başvuruların yaklaşık yarısının nedeni olmakla birlikte en sık görülme çağı erken yetişkinlik dönemidir ve kadınlarda erkeklere oranla iki kat sıklıkta tespit edilmektedir (3-5).

Patofizyoloji

İBS'nin patofizyolojisi konusunda henüz net veriler mevcut değildir ancak gastrointestinal motilite problemleri, viseral hipersensitivite, intestinal mukozal hücrelerin immün fonksiyonlarındaki sorunlar, merkezi sinir sistemi düzeyindeki disregülasyonlar ve genetik faktörler bu hastalıkta suçlanmaktadır (6). Başta depresyon ve anksiyete gibi psikiyatrik problemlerin oldukça sık eşlik ettiği düşünüldüğünde, İBS'nin sadece bağırsak ile ilgili değil, aynı zamanda merkezi sinir sisteminin de rol oynadığı bir tablo olduğu kabul edilmektedir (5). Akut bakteriyel, protozoal veya viral gastroenteritlerden sonra hastaların %10-20'sinde İBS semptomlarının görüldüğü tespit edilmiştir ve intestinal mukozal immün sistemin aktivasyonu hastalığın ortaya çıkmasında suçlanmaktadır (7). Bağırsak – beyin etkileşiminde intestinal mikrobiota önemli rol oynamaktadır (8). İBS hastalarının mikrobiota bileşenleri incelendiğinde Lactobacillus ve Bifidobacterium sayılarında azalma, Streptococcus, Escherichia coli ve Clostridium türlerinde artış tespit

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şimdilik önerilmemektedir (48).

- **Antibiyotikler:** Bu grup ajanlar İBS tedavisinde rutin olarak önerilmemekle birlikte konstipasyonun eşlik etmediği ve diğer tedavilere yanıtız orta – ağır İBS vakalarında iki haftalık rifaksimın önerilmektedir. 5 randomize çalışmayı kapsayan bir meta-analizde rifaksimın genel İBS semptomlarında plaseboya oranla etkili bulunmuştur (49).
- **Probiyotikler:** Bu ajanlar İBS hastalarında rutin olarak önerilmemektedir. Semptomlarda iyileşmeyi sağladıkları kanıtlar mevcut olsa da, hangi tür ve suşların daha etkili olduğu yeterince açık değildir (50).
- **Anksiyolitikler:** Bu ajanlar, İBS hastalarında görülebilen ve tabloyu kötüleş-tirebilen akut anksiyete durumlarında en fazla iki hafta olacak şekilde verilebilir (22).
- **Diğer tedaviler:**
- Mast hücre stabilizatörü olan ketotifen - viseral hipersensitivite üzerinden etki edeceğine dair teoriye dayanılarak - İBS tedavisinde denenmiştir ancak istatistiksel olarak anlamlı bir sonuç tespit edilememiştir.
- Fekal mikrobiota transplantasyonu. Konstipasyon dominant İBS hastalarının dışlandığı bir çalışmada plaseboya oranla genel İBS semptomlarında faydası gösterilmiştir (51).

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