

Bölüm 13

LİDDLE SENDROMUNA BAĞLI HİPERTANSİYON

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GİRİŞ

Esansiyel hipertansiyon genetik faktörler ve yaşam tarzı faktörleri arasındaki kompleks ilişkiden kaynaklanan multifaktöryel bir durumdur ve pozitif aile öyküsü yüksek kan basıncı gelişme riskini artırır (1). Hipertansif hastaların küçük bir kısmının etyolojisinde kalıtsal hastalıklar bulunabilir. Liddle sendromu da aldosterondan bağımsız sodyum geri alımına neden olan epitelyal sodyum kanallarının (ENaK) nokta mutasyonları tarafından meydana gelir (2). Liddle sendromu otozomal dominant geçişli, monogenik hipertansiyonun en yaygın tipidir (3).

PATOGENEZ

ENaK distal nefronun epitelyal hücrelerinin apikal kısmında lokalize, amilorid spesifik epitelyal sodyum kanallarıdır (4). Bu kanallar, renal dış meduller potasyum kanalları ve Na/K/ATPaz kanalları ile sodyum geri alımı ve elektrolit dengesinde esas kanallardır (5). ENaK, SCNN1A, SCNN1B ve SCNN1G tarafından kodlanan 3 homolog alt birimden (α, β, γ) oluşan heteromerik bir komplekstir (6). SCNN1A, 12p13.31 kromozomunda lokalize iken, SCNN1B ve SCNN1G, 16p12.2 kromozomunda lokalizedir. α alt birimi tek başına Na akımını yeterli biçimde sağlayabilirken, 3 alt birimin etkileşimi en üst seviyede amilorid duyarlı Na akımını sağlar (5). 3 alt birimin amino asit sekansları %30-40'ı benzer ve protein yapıları büyük bir ekstrasellüler loop, 2 transmembran domain (TM1 ve TM2 diye adlandırılan) ve 2 kısa hücre içi N ve C terminalden oluşan birbirlerine çok benzer yapılarıdır (7). 3 ENaK alt grubunun C terminali içinde PY (Prolin, Tyrozine) motif olarak adlandırılan yüksek derecede korunmuş bir sekans bulunmaktadır.

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Amilorid tedavisi gebe hastalarda kan basıncını ve potasyum seviyesini düzeltir, güvenli şekilde verilebilir.(33).Triamteren folik asit metabolizmasını bozduğu için gebe hastalarda önerilmez. Gebe hastalarda amilorid dozu 5-10 mg olarak verilebilir, gestasyon yaşı arttıkça ENaK α subuniti arttığı için kan basıncını kontrol etmek için amilorid dozu günde 2 kez verilmek üzere 30 mg kadar çıkarılabilir. Hem triamterenin hem de amiloridin emzirmede güvenliği bilinmemektedir bu nedenle emziren bebeğin yakından izlenmesi gerekmektedir(34)

Sonuç olarak; genç hipertansif bireylerde, hipertansiyonun aile öyküsü de mevcut ise ayırıcı tanıda, Liddle sendromu akılda tutulmalıdır.

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