

12. BÖLÜM

COVID-19/ SARS COV-2 ENFEKSİYONU VE BÖBREK İLİŞKİSİ, KOMPLİKASYONLARI VE SEKELLERİ

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GİRİŞ

Covid-19/ SARS CoV-2 (Severe acute respiratory syndrome coronavirus-2), Aralık 2019 tarihinde ilk kez ortaya çıktığı zaman oluşan panik havası biraz yatışınca, insanlar bu hastalığın akciğer dışı tutulumlarına da dikkatlerini vermeye başladılar. Renal etkileri baştan beri gündemdedi. Özellikle de SARS CoV-2 tedavisinde kullanılmaya başlanılan bazı ilaçların bu tutulumla katkı verebileceği endişesi vardı. Buna örnek olarak ülkemizde en çok kullanılan bir RNA-bağımlı RNA polimeraz inhibitörü olan Favipiravirin klirensinin böbrek yetersizlikli olgularda 3 kata kadar uzuyor olmasını gösterebiliriz.

Şu zaten başından beri bilinmektedir ki, virüs, ACE-2 reseptörü aracılığıyla hücreye girmektedir (1). Pandemi süreci ilerledikçe böbreğin de SARS CoV-2 için bir hedef organ olduğuna dair veriler birikmeye başladı (2). Tübüllerde ve ayaksı çıkıntılarda anjiyotensin dönüştürücü enzim-2 (ACE-2) reseptörlerinin varlığı bunun başta gelen nedenlerinden olabilir (3). Virüsün ACE-2 reseptörlerine tutunması, ACE-2 düzeyinde azalmaya yol açmaktadır. Temel vazifesi anjiyotensin 2 katabolizması olan ACE-2'nin düzeyinin azalması böbrek hasarının yolunu açmaktadır. Burada okuyucunun gözden kaçırmaması gereken husus, ACE'nin anjiyotensin-2 yapımına, ACE-2'nin ise yıkımına olan katkısıdır. Eğer ACE-2 yolağı kesilir ise substratın ACE-1 yolağına kayacağı hesaba katılmalıdır (4).

Mayıs ayında Çin Halk Cumhuriyeti'nde 701 Covid-19'lu hastayla yapılan bir çalışmada Covid-19/SARS CoV-2 ile enfekte hastaların başvuru anında % 5,1 hastada akut böbrek hasarı (ABH) mevcuttu. ABH geliştiren hastaların has-

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Elimizde ki veriler doğrultusunda COVID-19 hastalığı sonrasında da kan basıncını kontrol altında tutmanın kardiyovasküler olay, inme gibi risklere karşı önemli olduğunu göstermektedir. Hastanın kullandığı mevcut ilacın kesilmesi ya da değiştirilmesi gerekiyorsa mutlaka doktor gözetimi altında yapılması gerekmektedir.

SONUÇ

COVID-19/SARS-CoV-2 pandemisi Aralık 2019'da Çin Halk Cumhuriyetinde başlamış ve bu kitabın yazıldığı Ocak 2021 tarihinde mevcut durum sürmektedir. Şu an dünyada ki durum aşılamanın yapılmaya yeni başlanılmış olduğudur. Şu ana kadar dünya genelinde ölüm sayısı 2 milyon insanı bulmuştur. Mortalitenin yanında morbiditesinin de ilerleyen süreçte yönetilmeye muhtaç olduğu açıktır. Bu bölümde böbrekle ilgili morbiditeleri ele aldık. Giriş kısmında da değindiğimiz üzere COVID-19/SARS-CoV-2 enfeksiyonu alta böbrek hastalığı olanlarda daha zor bir süreç izleyebilmektedir. Bunun yanında Covid-19/SARS-CoV-2 enfeksiyonu da böbreklere zararlı etkilere sahip bir doğaya sahiptir. Literatürde sunulan veriler, deneyimler ve fikirler COVID-19/SARS-CoV-2 pandemisi döneminde tedavi verilen hastalara daha faydalı olmanın yolunu açacaktır.

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