

Bölüm 56

ENÜREZİS NOKTURNAYA YAKLAŞIM VE YÖNETİM

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GİRİŞ

“Enourain” yunanca idrar yapmak anlamına gelmektedir. “Enürezis” istem dışı idrar yapma, “enürezis nokturna” ise uyku sırasında istemsiz idrar kaçırma (yatak ıslatma) anlamında kullanılmaktadır. Benzer anlam taşıdığından dolayı günümüzde daha çok enürezis kelimesi kullanılmaktadır.

Enürezis nokturna çocukluk çağında en sık karşılaşılan ürolojik sorunlardan biridir.

TERMİNOLOJİ VE SINIFLAMA

Enürezis; 5 yaşından büyük çocuklarda en az 3 aylık periyotta, istemli veya istemsiz kıyafetin veya yatağın idrarla ıslanması şeklinde tanımlanır ve çocuklarda en sık görülen ürolojik şikâyetlerden birisidir. Amerikan Pediatri Akademisi tarafından önerilen ve genel kabul gören tanım, gündüz veya gece boyunca kıyafetlerin veya yatakların istem dışı ıslatılmasıdır (1). Diğer bir tanım şekli ise nörolojik bozukluğu olmayan 5 yaşından büyük çocuklarda uyku sırasında oluşan istem dışı idrar kaçırmasıdır (2).

Enürezis, monosemptomatik enürezis (MSE) veya non-monosemptomatik enürezis (NMSE) olarak sınıflandırılır (2). MSE, herhangi bir alt üriner sistem semptomu (AÜSS) ve mesane disfonksiyonu olmayan çocuklardaki enürezis şeklinde tanımlanmaktadır. Gece boyu kuru kalmayı hiç başaramamış çocuklar primer MSE, en az 6 aylık bir kuruluktan sonra enürezis gelişen çocuklar ise sekonder MSE olarak adlandırılır (Resim-1). Enüretik çocukların %80'i primer MSE tanımına uymaktadır (3, 4).

Sekonder enürezis; ebeveyn boşanması, kardeş doğumu, cinsel istismar gibi stres durumlarında veya idrar yolu enfeksiyonu, diyabet, obstrüktif uyku apnesi, nörojenik mesane gibi organik sebeplerden dolayı oluşabilir. Aynı zamanda dikkat eksikliği-hiperaktivite sendromu veya davranış bozuklukları da sekonder enürezise neden olabilir. Bu çocuklarda daha çok NMSE görülmektedir ve tedavide başarı şansı daha düşüktür. Sekonder MSE'nin nedeni henüz kesin olarak bilinmemektedir. Primer ve sekonder MSE'li çocukların klinikleri birbirine benzerdir ve bu ortak bir patogeneze olduğunu düşündürmektedir (5). Büyük aile çalışmalarında sekonder MSE'nin primer MSE'den etyolojik olarak farklı olmadığı gösterilmiştir (6).

Gündüz AÜSS ile birlikte enürezis NMSE olarak tanımlanır (7). Gündüz AÜSS; gündüz inkontinansı, sık idrara çıkma, genital veya AÜS ağrısı ve idrar tutma manevralarını içerir ve aşırı aktif mesane (AAM) gibi diğer AÜSS patolojilerini dışlamak için iyi bir anamnez alınmalıdır. NMSE'ye yaklaşım AÜSS'ye

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SONUÇ

MSE çocuğun psikososyal gelişimini etkileyebilen ve sık görülen bir durumdur. Enürezisli çocuklarda sekonder nedenleri dışlamak için mutlaka detaylı anamnez alınmalıdır.

Spontan remisyon görülmekle birlikte, çocuklar üzerindeki olumsuz psikososyal etkileri nedeniyle her bir MSE olgusu değerlendirilmeli ve NMSE'den ayrılmalıdır. Tedavi hem çocuğu hem de aileyi içermeli ve olası patofizyolojik mekanizmaları göz önünde bulundurulmalıdır.

Öncelikli olarak davranışsal tedaviler değerlendirilmelidir. Alarm tedavisi, MSE için birinci basamak tedavi şeklidir. En sık kullanılan farmakolojik tedavi ise desmopressindir. Alarm tedavisi verilemediği durumlarda yada alarm tedavisine kombinasyon olarak tercih edilebilir. Tedavi başarısızlığı durumunda kombinasyon tedavileri denenebilir. Devam eden başarısızlık durumunda ise hasta tekrar değerlendirilmelidir.

Anahtar Kelimeler: enürezis, enürezis nokturna, monosemptomatik, tedavi, alarm, desmopressin, imipramin, kombinasyon

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