

# BÖLÜM 15

## ALERJİK RİNİT VE TEDAVİSİ

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### GİRİŞ

Alerjik rinit (AR), her yaşta bireyi etkileyen, sık görülen küresel bir üst solunum yolu hastalığıdır ve yaşam kalitesini olumsuz etkilemektedir. AR veya alerjik rinosinüzit, genellikle gözlerde, burunda ve damakta kaşınmanın eşlik ettiği hapşırma, burun akıntısı ve burun tıkanıklığı paroksizmleriyle karakterizedir. AR'nin en sık komorbiditesi astımdır. AR'ye akut veya kronik rinosinüzit, efüzyonlu otitis media, adenoid hipertrofisi ve gastroözofageal reflü eşlik edebilir.

### Epidemiyoloji

AR prevalansı erişkinlerde %10-30, çocuklarda %40 olarak bildirilmiştir. AR prevalansı dünyada bölgesel farklılıklar göstermektedir.

Türkiye için veriler yetersizdir, ancak bölgesel farklılıklarla AR prevalansı %20-25 olarak tahmin edilmiştir(1). AR, önemli morbidite ve ekonomik yük nedenidir(2). AR'si olan hastalar için yıllık orta-

lama reçete sayısı, AR'si olmayan hastalardakinin neredeyse iki katıdır (19'a karşı 10)(3).

### Risk Faktörleri

Ailede atopi öyküsü, erkek cinsiyet, ilk doğan olmak, polen mevsiminde doğmak, antibiyotiklere erken maruziyet, annenin sigara içmesi(yaşamın ilk yılında sigaraya maruziyet), toz akarı alerjisi gibi iç mekan alerjenlerine maruz kalma, serum immünglobulin E (IgE) >100 IU/ML( 6 yaşından önce), alerjene özgü IgE varlığı AR için risk faktörleridir(4).

### Alerjik Rinit Patogenezi

Alerjene maruz kalan atopik bireyler, alerjene özgü immünglobulin E (IgE) üreterek yanıt verirler. Bu IgE antikoları, solunum mukozasındaki mast hücreleri üzerindeki IgE reseptörlerine ve periferik kandaki bazofillere bağlanır. Aynı alerjen daha sonra bulunduğu, IgE antikoları alerjen tarafından hücre yüzeyinde köprü oluştururlar ve hücrenin aktivasyonu ile sonuçlanır.

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