BÖLÜM 17

NAZAL POLİPLE SEYREDEN KRONİK RİNOSİNÜZİT VE TEDAVİSİ

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GİRİŞ

Kronik rinosinüzit (KRS) nazal kavite ve sinüslerin kronik inflamasyonudur. Çeşitli rehberlerde 12 haftadan uzun süre sebat eden semptomlarla tanımlanmaktadır (1, 2). Erişkinde burun tıkanıklığı - konjesyon veya burun – geniz akıntısı semptomlarından birisine ek olarak yüzde ağrı – basınç veya kokuda azalma – koku alamama semptomlarından en az birinin olması ve endoskopik bulgular (nazal polip, mukopürülan akıntı, orta meatusta ödem veya tıkanıklık) ve/veya radyolojik bulgular (osteomeatal kompleks veya sinüslerde mukozal değişiklikler) saptanması ile KRS tanısı konur (2). KRS'in genel popülasyondaki sıklığı semptoma dayalı olarak %5 -%28 arasında iken; endoskopik ve radyolojik bulgular ile sıklığı %3 gibi tahmin edilmektedir. Özellikle 40 yaş üzerindeki kişilerde KRS sıklığı artmaktadır ,cinsiyet açısından farklılık saptanmamıştır (2, 3).

KRS; primer ve sekonder olmak üzere 2 ana sınıfa ayrılır. Her 2 sınıf da anatomik olarak lokal ve diffüz olarak ayrılır. Sekonder lokal KRS fungus topu, tümörler gibi nedenlere bağlı olarak gelişirken, sekonder diffüz KRS mekanik (kistik fibrosis, primer silier diskinezi vb.), inflamatuvar (granülomatöz polianjitis, eozinofilik granülomatöz polianjitis vb.), immün yetmezlik gibi nedenlere bağlı olabilir. Primer KRS'ler endotipik olarak tip 2 inflamasyonun olduğu ve olmadığı olarak 2'ye ayrılır (2). Bu bölümde özellikle primer diffüz KRS grubundan nazal poliple seyreden KRS (npKRS)'den bahsedilecektir.

Nazal polipler (np), nazal kavite ve paranazal sinüslerde gelişen, genellikle bilateral seyreden, benign inflamatuvar kitlelerdir. Özellikle nazal tıkanıklık, geniz akıntısı ve koku alamama gibi semptomlar npKRS'de daha fazla görülmekte, daha ağır seyretmekte ve yaşam kalitesini bozmaktadır (2, 5, 6). Bunun yanında npKRS tedavi maliyetleri özellikle polipektomi yapılması gereken hastalarda oldukça yüksektir (7).

Genel popülasyonda npKRS sıklığı %2-4 arasındadır (5), KRS hastalarının içinde np oranı %25-30

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yatış oranlarında, steroid gereksinimlerinde, nazal semptom skorlarında iyileşme olduğu gösterilmiştir (47).

Bu biyolojik ajanların dışında npKRS tedavisi için, patogenezdeki farklı moleküllerin hedeflendiği birçok çalışma devam etmektedir. Siglec-8 reseptörleri, IL-33, TSLP, CRTh2 reseptörü gibi birçok farklı molekül ile ilgili çalışmalar planlanmakta ve hali hazırda devam etmektedir (56, 61).

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