

BÖLÜM 38

KRONİK SPONTAN ÜRTİKER-ANJİYOÖDEM

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GİRİŞ

Kronik ürtiker (KÜ), altı haftadan uzun süren ve haftanın çoğu günü tekrarlayan ürtiker, anjiyoödem veya her ikisinin birlikte görülmesi ile karakterize bir hastalıktır (1). Belirlenebilir fiziksel ve/veya diğer uyarıcıların varlığında ortaya çıkan klinik tablo "kronik uyarılabilir ürtiker" (KUÜ), bir uyarıcının saptanmadığı klinik tablo ise "kronik spontan ürtiker" (KSÜ) olarak sınıflandırılır (Tablo 1) (1-3). KÜ hastalarının yaklaşık %40'ında aynı zamanda eşlik eden anjiyoödem epizodları bildirilirken, %10'unda sadece anjiyoödem vardır (4). KSÜ çoğu durumda ortalama 2-5 yıl süren kendi kendini sınırlayan bir hastalık olmakla birlikte KSÜ hastalarının yaklaşık %20'si 5 yıldan daha fazla sürebilmektedir (5). KSÜ'nün patogenezi ile ilgili çeşitli teoriler olmasına rağmen hiçbiri netlik kazanmamıştır (4). KSÜ etiopatogenezinde enfeksiyonlardan otoimmüniteye kadar uzanan spektrumda birçok hastalık araştırılmaktadır (6). Altta yatan belirli bir nedenin

bulunamaması, semptomların öngörülemez seyri, hastalık yükü ve onaylanmış standart tedavilerin pek çok hastada etkinliğinin olmaması hem hasta hem de hekimler açısından önemli sorun teşkil etmektedir (1).

Tablo 1. Kronik ürtiker için önerilen sınıflandırma

Tip	
Kronik Spontan Ürtiker	Bilinmeyen veya bilinen* bir nedene bağlı gelişen ve >6 haftadan uzun süren ürtiker ve/veya anjiyoödem varlığı
Kronik Uyarılabilir Ürtiker	Semptomatik dermatografizm Soğuk ürtiker Gecikmiş basınç ürtikeri Solar ürtiker Sıcak ürtiker Vibratuar ürtiker Kolinerjik ürtiker Kontakt ürtikeri Akuajenik ürtiker

*Örneğin; tip I otoimmünite (otoalerji) ve tip IIb otoimmünite (mast hücre aktive edici antikorlar aracılığıyla)

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dir. İkinci kuşak AH'ler, hem çocuklarda hem de erişkinlerde ilk tercih edilen farmakolojik ajandır. Ancak AH'ler ile çoğu hastada yeterli yanıt alınmamaktadır. Bu nedenle alternatif ve onaylanmış yeni terapötik seçeneklere ihtiyaç duyulmaktadır.

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