BÖLÜM 42

İLAÇLARA BAĞLI ANJİOÖDEM

Neyran ŞERBETÇİ[1]

GİRİŞ

Anjiodem; vazodilatasyon ve vasküler permeabilite artışı sonucu gelişen, derin dermal, subkutan ve/veya mukozal ödem ile karakterizedir(1,2). Yüzde, dudaklarda ve dilde şişlik belirgindir. Ekstremite, larinks, genital bölge ve gastrointestinal sistem tutulumu görülebilir(3). Solunum sistemi tutulumu olduğunda yaşamı tehdit edebilir(4). Son yıllarda pek çok farklı ilacın kullanımı ile birlikte anjioödeme yol açabilen ilaçların çeşitliliği artmıştır. Beta laktam antibiyotikler, nonsteroidal antiinflamatuar ilaçlar (NSAİİ), anjiotensin dönüştürücü enzim (ACE) inhibitörleri ve diğer antibiyotikler anjioödeme en sık yol açan ilaç gruplarıdır(5–7).

İlaç ilişkili anjioödeme, vakaların yaklaşık %50'sinde ürtiker eşlik edebilir ve yaşamı tehdit edici anafilaksi bulgusu olabilir(2).

İlaç ilişkili anjioödem gelişimi, mast hücre aracılı ve bradikinin aracılı mekanizma ile veya mekanizması tam olarak bilinmeyen yollarla ortaya çıkabilir(8,9).

Anjioödem tiplerinin ayrımı, altta yatan nedenin, mekanizma ve tedavilerin birbirinden farklı olması nedeniyle önemlidir.

MAST HÜCRE ARACILI ANJİOÖDEM

Mast hücre aracılı anjioödem, mast hücresi ve bazofillerden histamin ve diğer mediatörlerin salınımı nedeniyle oluşur. Bradikinin ilişkili anjioödeme göre daha hızlı ortaya çıkar, 24- 48 saatte geriler. Genellikle kaşıntı ve/veya ürtiker ile birlikte görülür(10). Alerjik veya psödoalerjik reaksiyonlar sonucu olarak ortaya çıkabilir(11).

İmmünglobulin E (IgE) İlişkili Anjioödem (Alerjik Anjioödem)

İlaç ilişkili mast hücre aracılı anjioödemin en sık formudur. Mast hücrelerinin, daha önceden duyarlanılmış bir ilaca yanıt olarak IgE aracılı degranülasyonu, histamin ve diğer mediatörlerin salınımı sonucu oluşur (tip 1 hipersensitivite)(7). En sık beta

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yonunda daha büyük rol oynar. Bu nedenle DPP4 inhibitörü kullanılırken anjiödem açısından dikkatli olunmalıdır(23).

Fibrinolitik Ajanlar

Akut iskemik inme ve tromboz nedeniyle streptokinaz ve alteplaz ile tedavi edilen hastalarda anjioödem bildirilmiştir(40,41). Fibrinolitik ajanlar ile görülen anjioödemin; kininleri, kompleman sistemini ve fibrinolitik sistemi birbirine bağlayan temas sisteminin aktivasyonu sonucu oluştuğu ve bradikinin aracılı anjioödem olduğu düşünülmektedir(42).

Anjioödem Mekanizması Bilinmeyen İlaçlar

Kalsiyum kanal blokerleri, cilt ve ince bağırsak mukozasında anjioödem ile ilişkilendirilmiştir ancak mekanizması bilinmemektedir(43,44).

Anjioödem bildirilen ancak mekanizması tam olarak bilinmeyen diğer ilaçlar; sirolimus, everolimus, amiodaron, metoprolol, ripseridon ve etanercept ve diğer biyolojik ajanlardır(45–50).

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