

BÖLÜM 37

AKUT ÜRTİKER VE ANJİYOÖDEMDE TEDAVİ

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GİRİŞ

Ürtiker; kaşıntılı, ödemli papül/plaklarla ya da derin dermis veya subkutis tutulumu şeklinde anjiyoödem ile ya da her ikisinin birden gelişimiyle kendini gösteren mast hücre kaynaklı bir hastalıktır. Kronik ürtiker, 6 hafta veya daha uzun bir süre boyunca haftanın çoğu gününde ürtiker varlığı ile tanımlanırken; akut ürtiker semptom süresinin 6 haftadan kısa olması ile tanımlanır (1, 2).

Akut ürtiker için yaşam boyu prevalans yaklaşık %20'dir. Enfeksiyonlar, ilaçlar veya gıda alerjisi altta yatan neden olabilir. Hastalık genellikle kendi kendini sınırlar. Bu nedenle, tetikleyici faktörler için anamnez almak sıklıkla yeterlidir. İleri tanısal testler yalnızca duyarlı hastalarda tip 1 gıda alerjisine bağlı akut ürtiker şüphesi veya özellikle nonsteroid antiinflamatuvar ilaçlar ile ilaç aşırı duyarlılığı şüphesi varlığında çalışılmalıdır (2, 3).

Akut ürtiker tanısı konulan hastaların hangilerinin kronikleşeceği öngörülemezdir. Bu nedenle akut ürtikerde klinik iyileşme takip edilmeli, hastaya klinik seyir ve hangi durumlarda tekrar başvurması hakkında bilgi verilmelidir (4, 5).

Akut ürtiker tedavisinin düzenlenmesi ve yanıtının değerlendirilmesinde tanı anındaki hastalık şiddeti son derece önemlidir. Bu amaçla ürtiker aktivite skor-7 (ÜAS-7) ve ürtiker kontrol testi (ÜKT) hem akut hem de kronik ürtikerli hastalarda kullanılabilir (5, 6).

Akut ürtikerde tedavinin amacı; hastalık geçene kadar ÜAS-7 skoru 0 olacak şekilde tam kontrolde ve yaşam kalitesini normalleştirerek, mümkün olduğunca verimli ve güvenli bir tedavi vermektir (2). Akut ürtiker tedavisi temel olarak iki başlık altında toplanmaktadır. Bunlardan ilki altta yatan nedenlerin belirlenmesi, eliminasyonu ve tetikleyici faktör-

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Yukarıdaki şekilde akut ürtiker ve anjioödemli bir hastada tedavinin nasıl yönlendirileceği ana hatlarıyla özet olarak görülmektedir.

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