

COVID-19 Tanılı Yoğun Bakım Hastasında Sekel Olarak Görülen Sekonder Sklerozan Kolanjit Olgusu: Olgu Sunumu

15.
BÖLÜM

Aylin PARMAKSIZ¹

GİRİŞ

COVID-19 ilk olarak Çin'in Wuhan şehrinde tanımlanmış (1) olup etkeni bir ribonükleik asid (RNA) virüs olduğu bildirilmiştir (2). Bu RNA virüs yeni koronavirüs (SARS-CoV2) olarak adlandırılmıştır (2). Hastalığın kontrol altına alınamamasının en büyük olumsuz etkeni, bulaşının temas yolu ile olmasıdır (2,3). Bulaşı önlemek adına dünya çapında ciddi önlemler alınmasına rağmen, sağlık sistemini tehdit etmeye devam etmektedir. Hastalığın başta solunum yolunu etkilemesinin yanı sıra çoklu organ tutulumu da göstermektedir (4). COVID-19 hastalığının immün patogenezi tam anlamıyla çözülememiştir (4,5). İleri yaşı ve ek hastalıklar (diabetes mellitus (DM), kardiyovasküler hastalık, hipertansiyon, kronik akciğer hastalığı, kronik böbrek yetmezliği, immün yetmezlik durumları, kanser) ile beraber hastalığın прогнозunun kötüleştiği ve mortalite oranlarının yükseldiği belirtilmiştir (6,7). Buna ek olarak, lenfopeni, karaciğer enzimlerinde artış, laktat dehidrogenaz (LDH) seviyesinde artış, enfeksiyon değerlerinde yükselme (C-reaktif protein (CRP), ferritin vb.), D-dimer seviyesinde yükselme, protrombin zamanı (PTZ)'nda uzama, troponin yüksekliği, kreatinin fosfokinaz seviyesinde yükselme gibi bazı laboratuar bulgularının da, прогнозun kötüye gittiğini bildirmesiyle ilişkilendirilmiştir (7-9).

Hastaneye yatırılan COVID-19 vakalarının, çoğunlukla solunum sistemi semptomlarıyla ilişkili olduğu bildirilmiş olup, %69'unda da karaciğer fonksiyon testlerindeki anormallikler dikkat çekmiştir (10). Coğunlukla karaciğer enzimlerinin artış gösterdiği hastalarda, klinik durumun iyileşmeyle beraber enzimlerinde normalleştiği bildirilmiş olup, bazı hastalarda da anormalliklerin şiddetlenerek arttığı bildirilmiştir (11,12). Doğrudan viral yükün karaciğere olan hasarı, dolaylı olarak da inflamatuar hasarın ve tedavide kullanılan ilaçların karaciğere verdiği hasar konusunda ileri sürülen hipotezler devam etmektedir (14). Litera-

¹ Uzm. Dr., Bakırköy Dr Sadi konuk eğitim ve araştırma Hastanesi Anestezi ve reanimasyon,
aylingundogan_84@hotmail.com

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