YOĞUN BAKIMDA COVID-19 HASTALARINDA ANTİKOAGÜLAN VE ANTİPLATELET TEDAVİ PROTOKOLLERİ

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1. GİRİŞ

Koranavirus-19 hastalığı (COVID-19), ilk olarak 31 Aralık 2019'da, Çin'in Hubei eyaletinin Wuhan şehrinde görülmüştür. COVID-19 etken patojeninin, Şiddetli Akut Solunum Yolu Sendromu'na (The Severe Acute Respiratory Syndrome, SARS) neden olan SARS Coronavirus'e (SARS-CoV) benzerliği nedeniyle virüs kaynaklı olduğu tespit edildi ve SARS Coronavirus-2 (SARS-CoV-2) adı verilen yeni bir enfeksiyon hastalığı olarak tanımlandı (1). Virus dünya nüfusunu yaygın olarak etkilemeye başladı ve Dünya Sağlık Örgütü (DSÖ), 11 Mart 2020'de bu yeni tanımlanan enfeksiyonu global pandemi olarak ilan etti. DSÖ'nün 28 Ocak 2022 verilerine göre, onaylanmış vaka sayısı 364.191.494 iken ölüm sayısı 5.631.457'dir (2).

COVID-19 genellikle miyalji, kırgınlık, halsizlik, ateş, bazı hastalarda bulantı, kusma, diyare, tat ve koku kaybı ile başlarken, hastaların bir kısmında pnömoni, sistemik inflamatuar cevap sendromu (SIRS), akut respiratuar distress sendromu (ARDS), çoklu organ tutulumu, dissemine intravasküler koagülasyon (DİK) ve şok gibi ciddi hastalık tablolarına kadar ilerleyebilir. Çoğu hasta, hastaneye yatmayı gerektirmese de, semptomatik hastaların yaklaşık %10-15'i hastanelere kabul edilmektedir ve bunlarında yaklaşık %20'si yoğun bakım ünitelerinde tedavi görmektedir (3). Bu hastalarda en önemli kötü prognoz göstergelerinden biri koagülopati gelişimidir. Elde edilen veriler COVID-19 enfeksiyonunun patogenezinde koagülopatinin önemli bir yerinin olduğunu göstermektedir. Damlacık inhalasyonu yoluyla bulaşmadan sonra virüs (SARS-CoV-2) solunum yolu içinde yayılır ve hücre yüzeyinde ifade edilen ACE-2 (angiotensin converting enzyme-2) yoluyla akciğer epiteline bağla-

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1. "Taze donmuş plazma: Kanama ve Protrombin Zamanı >3sn ve/veya aPTZ uzaması (>5 sn) durumunda taze donmuş plazma, 10-15ml/kg, yaklaşık 4 ünite 6-8 saatte bir şeklinde verilir.

2. Hipofibrinojenemi (<150mg/dl): 4 ünite taze donmuş plazma veya 1Ü/10kg kriyopresipitat veya 3-4 gram fibrinojen verilebilir (50).

7. SONUÇ

COVID-19 tedavisinde antikoagülan ve antiagregan ajanlar pek çok açıdan hayati rol oynamaktadır. Birçok klavuz DMAH'in hem antiinflamatuvar hem de hemostaz üzerine olan yararlı etkileri nedeniyle COVID-19'da kullanımın önermektedir. Neredeyse tüm durumlarda DMAH ilk seçenektir. D-Dimer düzeylerindeki yükseklik ve hastalığın şiddeti tedavi dozunda antikoagülan başlanmasını düşündürmelidir. D-dimer takibi hastalığın seyri ve mortalite oranları konusunda önemli bir belirteçtir. Diğer antiagreganların etkinliği ya da kombine kullanımları durumu halen tartışmalıdır, yeni randomize çalışmalara ihtiyaç duyulmaktadır.

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