

BÖLÜM 10

COVID-19 HASTALIĞINDA ANTİSİTOKİN TEDAVİLER



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1. GİRİŞ

SARS-CoV-2 virüsünün neden olduğu COVID-19 enfeksiyonu heterojen bir hastalık seyrine sahiptir. Vakaların pek çoğu asemptomatik seyir gösterirken; bazı hasta gruplarında sitokin fırtınası sendromu ve akut solunum sıkıntısı sendromu (ARDS) görülebilir (1). COVID-19 hastalığının tanımı kliniğin ağırlık derecesine göre yapılır Tablo 1 (2–4).

Tablo 1: COVID-19 enfeksiyonunun hastalık şiddetine göre tanımları:

Ağır COVID-19	Pnömoni (ateş, öksürük, takipne) bulgularına aşağıdakılardan bir tanesinin eşlik etmesi: Solunum sayısı >30 soluk/dakika, Oda havasında oksijen saturasyonu < %90, Oksijen desteği olan hastalarda oksijen saturasyonu ≤ %94, Ağır solunum sıkıntısı
Kritik COVID-19	Akut Solunum sıkıntısı sendromu, Ventilasyon ihtiyacı olan solunum yetmezliği, Sepsis veya septik şok varlığı, Ekstrakorporeal membran oksijenasyon desteği,
Sitokin Fırtınası veya sitokin salınım sendromu	Sitokin fırtınası veya sitokin salınım sendromunun yaygın olarak kabul görülen tek bir tanımı yoktur (5,6)

COVID-19'a bağlı gelişen sitokin fırtınasının yaygın olarak kabul gören tek bir tanımı olmasa da, dolaşımda artmış sitokin düzeyleri, akut sistemik inflamatuvar semptomlar ve sekonder organ (renal, hepatik veya pulmoner) yetmezliği bulguları ile tanımlanmaktadır (3,5–7). T.C. Sağlık Bakanlığı Bilimsel

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IL-6 inhibitör tedavisine alternatif olarak JAK inhibitörü baricitinib kortikosteroidlerle birlikte kullanılabilir (2,4,19). Barasitinib mevcut olmadığında, tofasitinibin alternatif tedavi olarak uygulanması düşünülebilir (4,24). Tedavi kararları yerel rehber, ilacın bulunabilirliğine ve hasta komorbiditelerine dayanarak verilmelidir (25).

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