

BÖLÜM 11

COVID-19 YOĞUN BAKIM ÜNİTESİNDE ANTİBİYOTİK KULLANIMI



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1. GİRİŞ

SARS-CoV-2, yıkıcı COVID-19 pandemisinin nedenidir ve bildirildiği günden bu yana dünya çapında 330 milyondan fazla vakaya ve 5.5 milyon ölüme neden olmuştur (1).

Bakteriyel koenfeksiyon, birçok viral solunum yolu enfeksiyonunda rastlanan bir komplikasyondur. Bakteriyel koenfeksiyonlar şok ve solunum yetmezliği riskinde artmaya, yoğun bakım ünitesinde kalış süresinde uzamaya ve mortalitede artışa neden olur (2). SARS-CoV-2, bakterilerin konak dokuya kolonizasyonunu ve bağlanmasını artırabilir ve kombine enfeksiyonlar, artan doku yıkımı ve patofizyoloji ile sonuçlanabilir. SARS-CoV-2 enfeksiyonu veya bakteriyel koenfeksiyon sırasında indüklenen havayolu disfonksiyonu, sitopatoloji ve doku yıkımı, virüsün ve/veya bakteriyel patojenlerin sistemik yayılmasını kolaylaştırarak komorbid faktörleri bulunan hastalarda sepsis riskini önemli ölçüde artırabilir.

2. ANTİBİYOTİK KULLANIMI SEÇİMİ

Türkiye Sağlık Bakanlığının COVID-19 Rehberine göre COVID-19'da bakteriyel koenfeksiyon sıklığı oldukça düşük olup yapılmış çalışmalarda olguların sadece %3.5 kadarında koenfeksiyon olduğu ve COVID-19 hastalarında ampirik antimikrobik eklenmesinin klinik sonuçlara olumlu etkisinin olmadığı gösterilmiştir. Bu nedenle klinik, laboratuvar ve görüntüleme bulguları COVID-19 pnömonisiyle uyumlu olan hastalarda ampirik antibiyotik kullanımını önerilmez (3). Benzer şekilde DSÖ de şu anda hafif ile orta şiddette COVID-19 vakalarında bakteriyel enfeksiyona dair net bir belirti olmaksızın

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