

BÖLÜM 15

YOĞUN BAKIMDA COVID-19 VE AKCİĞER HASTALIKLARINDA AYIRICI TANI



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1. GİRİŞ

Koronavirüsler tek sarmallı RNA virüsleridir. İnsanda başta solunum sistemi olmak üzere gastrointestinal ve nörolojik sistemleri etkilerler. Koronavirüslerin soğuk algınlığına neden olan alt tipleri HCoV OC43, HCoV 229E, HCoV NL63 ve HCoV HKU1'dir. Son iki dekatta SARS-CoV (şiddetli akut solunum sendromu) ve MERS-CoV (Orta Doğu solunum sendromu) salgını yapan yeni koronavirüs türleri tespit edilmiştir. Aralık 2019'da ise Çin'de ilk vakaların bildirildiği COVID-19 (SARS-CoV-2) olarak adlandırılan yeni bir koronavirüs tanımlanmıştır. COVID-19 dünya çapında hızla yayılmış ve Dünya Sağlık Örgütü (DSÖ) tarafından Mart 2020'de pandemi ilan edilmiştir (1).

COVID-19'da bulaş yakın temas ve damlacık yoluyla olmaktadır. Asemptomatik enfeksiyon veya hafif solunum semptomları ile seyredildiği gibi solunum sistemi açısından ağır pnömoni, akut solunum sıkıntısı sendromu (ARDS), solunum yetmezliği ve tromboemboli gibi geniş bir klinik spektruma sahiptir. En yaygın solunum semptomları ateş, kuru öksürük ve nefes darlığıdır. Baş ağrısı, boğaz ağrısı, burun akıntısı, kas ve eklem ağrıları, aşırı halsizlik, yeni ortaya çıkan koku ve tat alma duyu kaybı, ishal gibi belirtiler de görülebilmektedir. Akciğer dışı organ tutulumuna ait (kardiyak, nörolojik, endokrin, gastrointestinal, hepatik, renal, oküler, dermatolojik) semptomlara da rastlanır. COVID-19 seyrinde görülen solunum semptomlarının spesifik olmaması, akciğerin enfektif ve enfeksiyon dışı hastalıklarında da benzer semptomların görülmesi nedeniyle akciğerde COVID-19 ayırıcı tanısının yapılması önem arz etmektedir (2). COVID-19 tanısında gerçek zamanlı revers transkriptaz-polimeraz zincir reaksiyonu (RT-PCR) testi yaygın olarak kullanılmakta-

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organize pnömoni; BT'de şüpheli görünüm varsa pneumocystis pnömonisi, hipersensitivite pnömonisi, alveolar hemoraji, pulmoner ödem, alveolar proteinozis; atipik görünüm varsa toplum kökenli pnömoni, bakteri ve mantarlar, tüberküloz, aspirasyon gibi etyolojiler akılda tutulmalıdır. Kanser hastalarında ateş ve solunum sıkıntısı ile birlikte bilateral pulmoner opasiteler varsa metastaz, ilaç toksisiteleri, mantar enfeksiyonları ayırıcı tanıda düşünülmelidir. Hastanın kronik hastalıkları, mesleki ve çevresel maruziyetleri, kullanılan ilaçlarının bilinmesi, COVID-19 pnömonisi ile beraber olabilecek patolojilerde tanı gecikmelerinin önüne geçer.

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