

# BÖLÜM 16

## COVID-19 ENFEKSİYONUNDA BÖBREK HASARI VE YÖNETİMİ



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### 1. GİRİŞ

2019'un sonunda, Çin'in Hubei Eyaleti Wuhan şehrinde, ağır seyreden pnömoni vakalarının nedeni olarak yeni bir koronavirüs (yani SARS-CoV-2) tanımlandı ve dünyanın çoğu ülkesine yayılan bir pandemiye yol açtı. Öncelikle hafif bir üst solunum yolu enfeksiyonundan şiddetli pnömoniye, akut solunum sıkıntısı sendromuna ve ölüme kadar değişen semptomları olan bir akciğer enfeksiyonu olarak kendini gösteren enfeksiyon, halen dünya genelinde milyonlarca insanı etkilemeye devam ediyor.

Enfeksiyonun ağır seyrettiği hastaların çoğu akut solunum sıkıntısı sendromuna (ARDS) sahipken, akut böbrek hasarı (ABH) ve akut kalp hasarı/kardiyomiyopati de klinik izlemde sıklıkla görülebilmektedir (1,2). Ağır enfeksiyon bulgularıyla seyreden COVID-19'lu hastalarda ABH yaygındır. Veriler ortaya çıktıkça, akciğer dışı organ tutulumunun, özellikle böbreklerin, mortaliteyi yüksek oranda etkilediği daha belirgin hale gelmektedir (3,4).

### 2. EPİDEMİYOLOJİ

ABH, hastanede yatan hastalarda yaklaşık %3-18 civarında bir insidansa sahiptir. Yoğun bakım dışındaki hastane ortamında %10-20 mortalite ile, yoğun bakımda ise %50'ye varan mortalite ile ilişkilidir (5,6). Hayatını kaybedenler arasında ABH insidansı yaklaşık %30'dur ve bunların %19.5'inde renal replasman tedavisi (RRT) uygulanmıştır. Çalışmaların çoğuna, COVID-19'da

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Özellikle T hücre aracılı bağışıklık sistemi yanıtı azaldığından, bağışıklık sistemi baskılanmış hastalarda viral enfeksiyon şiddetli olabilir. COVID-19'dan şüphelenilen veya teyit edilen nakil alıcılarının hastalığın ciddiyetine göre acil olarak immünosupresyon tedavileri yeniden düzenlenmelidir (1).

## 5. SONUÇ

ABH, COVID-19'da hastalığın seyrini kötüleştirir. Böbrek hasarında birçok mekanizma rol oynar, ancak genel olarak hipovolemi, ARDS, CSS ve renal parankimin doğrudan viral invazyonu ABH'a neden olmaktadır. Hematüri ve proteinüri daha yüksek mortalite ile ilişkilidir ve erken agresif hastalığı işaret edebilir, bu nedenle tüm hastalarda klinik ve laboratuvar takiplerinde idrar tahlili yapılmalıdır. SARS-CoV-2 böbrek parankimine bir afiniteye sahiptir ve COVID-19 nefropatisi olarak adlandırılan hasar intrinsik böbrek hasarı olarak böbrek otopsilerinde görülür.

COVID-19'u yönetmede hacim değerlendirmesi çok önemlidir. Özellikle transplant alıcılarında yüksek gastrointestinal semptom insidansı nedeniyle erken dönemde hipovolemik olabilir ve amaç övolemiye ulaşmak olmalıdır. Mevcut kanıtlar, ARDS sırasında tutumlu bir sıvı yönetimi stratejisini desteklemektedir. CRRT için standart endikasyonlar geçerlidir, ancak diüretikler konservatif bir sıvı yönetimi stratejisini desteklemiyorsa ARDS'de erken başlama düşünülebilir. Böbrek nakli alıcılarında vaka ölüm oranı daha yüksektir ve COVID-19 enfeksiyonu olan alıcılarda immünosupresyon tedavinin azaltılması gerekir.

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