BÖLÜM 17

COVID-19 YOĞUN BAKIM ÜNİTESİNDE ENDOKRİN HASTALIKLARA YAKLAŞIM

Halide AYDIN SAKAR [1]

1. GİRİŞ

Çin'in Wuhan kentinde bir dizi pnömoni vakası ilk defa Aralık 2019'da raporlanmış ve bu yeni tip koronavirüs şiddetli akut solunum sendromu koronavirüs 2 (SARS-CoV-2) olarak adlandırılmıştır. Akut SARS-CoV-2 enfeksiyonu Ocak 2020'de resmen koronavirüs hastalığı-2019 (COVID-19) olarak tanımlanmıştır (1). Akut enfeksiyon kısa sürede dünyaya yayılmış ve 11 Mart 2020'de, Dünya Sağlık Örgütü (WHO) COVID-19'un pandemi olduğunu ilan etmiştir (2).

SARS-CoV-2, koronavirüs ailesine ait tek sarmallı zarflı bir RNA virüsüdür (3). Virüsün konakçıya bulaşı hava yolu ile olmaktadır (4). Esas olarak Solunum yolunda bronş epitelindeki siliyer hücreleri, mukus salgılayan hücreleri, Clara hücrelerini ve akciğerde tip 1 pnömositleri enfekte etmektedir (5). Ancak SARS-CoV-2 geniş bir organotropizm sergileyebilir ve diğer dokuları da etkileyebilir. Özelikle hasarlı dokularda patolojik durumu kötüleştirebilir (6).

Ancak, endokrin sistemdeki bu hasarın patofizyolojik karakterizasyonu ve prognoz üzerindeki etkisi henüz tam anlamıyla aydınlatılamamıştır (7). Bununla birlikte yapılan çalışmalar Diyabetes Mellitus (DM), hipertansiyon (HT), Obezite gibi Endokrinopatisi olan hastaların COVID-19 ile ilgili komplikasyonlar açısından daha yüksek risk altında olduğunu göstermektedir (8).

Virüsün reseptör düzeyinde endokrin organ tutulumunun yüksek olması hem endokrin tanılı hastaların seyrini olumsuz etkilerken hem de endokrin tanı almamış COVID-19 hastalarını tedavi sürecinde enfeksiyon ya da tedavi kaynaklı komplikasyonlara açık hale getirir. Tüm bu patofizyolojik süreçte COVID-19'un endokrin sistem üzerinde çift taraflı sorunlara sebebiyet ver-

[1] Uzm. Dr., SBÜ Van Eğitim Araştırma Hastanesi, Anesteziyoloji ve Reanimasyon Kliniği, drhalideaydin@hotmail.com

10. SONUÇ

Başta DM olmak üzere endokrin hastalıklar toplumda sık görülmektedir. Hastaların komorbid özellikte olmaları ayrıca immün sistemlerinin enfeksiyonlara yatkınlığı onları COVID-19'a daha duyarlı hale getirmekte ve aynı zamanda hastalığın daha şiddetli seyretmesine neden olmaktadır. Bunun yanında virüsün direk sitopatik ya da indirek immün aracılı etkileri ile endokrin sistem hasarı yaptığı da gözlemlenmiştir. Çift yönlü etkiden dolayı COVID-19 yoğun bakımlarda hastaların endokrin bulguları hem klinik hem de laboratuvar tetkikleri açısından daha öncesinde tanısı olsun ya da olmasın yakından takip edilmelidir. Ayrıca endokrin tanılı hastaların mevcut endokrin tedavileri hastalığın şiddetine ve COVID-19 tedavisinde kullanılan ilaçlarla etkileşimine göre yeniden düzenlenmelidir. Klinik bulguların erken tanı ve doğru müdahalesi COVID-19'un tedavi sürecini doğrudan etkileyeceği için hayati önem arzeder.

Pandemi başlangıcından bu yana ağır COVID-19 kliniğinde endokrin hastaların özellikle yoğun bakım tedavi süreçleri ile ilgili çalışmalar devam etmektedir. Bunun ilerleyen zamanlarda endokrin tanılı COVID-19 hastalarının takip ve tedavi süreçleri için yeni algoritmaların oluşmasına olanak sağlayacağı düşünülebilir.

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