BÖLÜM 20

YOĞUN BAKIMDA COVID-19 VE NÖROLOJİK HASTALIKLAR

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1. GİRİŞ

COVID-19 hastalığı, SARS-CoV-2'nin (severe acute respiratory syndrome-coronavirus) neden olduğu ve ilk olarak Aralık 2019 yılında Çin'in Wuhan kentinde tanımlanan bir hastalıktır (1). Wuhan şehrinin kalabalık bir nüfusa sahip olması, şehrin ulaşımının kolaylığı ve hastalığın ilk ortaya çıktığı döneme denk gelen Çin Bahar Bayramı koronavirüsün hızla yayılmasını kolaylaştırmıştır.

Ülkemizde ilk vakanın görülmesi Mart 2020'de oldu (2). Salgının başından beri yaklaşık 12 milyona yakın vaka görülürken bu hastalık nedeniyle vefat eden hasta sayısı ise 80.000 kişiyi geçti (3).

Koronavirüsler; yaklaşık 125 nanometre çaplı, küremsi, orta derece pleomorfizim gösteren, virüs yüzeyinden dışa doğru taç şekli çıkıntılar yapan, tek sarmallı, pozitif polariteli, zarflı RNA virüsleridir (4, 5). Diğer virüslerle karşılaştırıldığında, sahip olduğu genom boyutunun büyüklüğü virüse benzersiz bir replikasyon ve mutasyon olanağı sağlar (6). Virüs genetik materyali, nükleokapsid (N proteini) ile sarılmış olup onun etrafında da matrix proteini (M protein), zarf proteini ve spike glikoproteini (S glikoproteini) içeren bir zarfla çevrilidir (7). S glikoproteini virüsün konakçıya bağlanma bölgesini oluşturmakta olup viral tropismde anahtar rol oynamaktadır (8).

Koronavirüsler; konakçı hücreleri, S glikoproteni ve konakçı hücre yüzeyinde bulunan anjiotensin dönüştürücü enzim- 2 (ACE-2) reseptör ilişkisi üzerinden enfekte ederler (9). ACE- 2 reseptörleri insan vücudunda yaygın olarak bulunmaktadır. Oral ve nazal mukoza, nazofarenks, akciğer, mide, gastrointestinal sistem, deri, böbrek, karaciğer, santral sinir sistemi, arteriyel düz

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nin erken tanınması ve uygun hasta grubunda hızlı müdahale edilmesi olumlu sonuçlar alınmasını sağlayacaktır.

3. SONUÇ

COVID-19 hastalığıyla alakalı halen kesin bir tedavi yöntemi bulunmamaktadır. Mevcut haliyle tedavi esnasında kullanılan ilaçların tamamı semptomları hafifletmeye, immün sistemi güçlendirilmeye yöneliktir. Aşıların kullanımıyla birlikte kazanılacak aktif bağışıklık hastalığın önlenmesinde en önemli basamağı oluşturmaktadır. Pandemi koşullarında hastalığın bulaşma çekincesiyle nörolojik hastalık takiplerinde problem yaşanabilmektedir. Bu problemlerin en aza indirilmesi amacıyla hekim- hemşire- hasta arasındaki iletişinin güçlendirilmesi çok önemli hale gelmiştir. Diğer taraftan COVID-19 hastalığının sadece respiratuar komplikasyonlarının olmadığının bilinmesi, nörolojik bozukluk yaşayan COVID-19 hastalarının takip ve tedavisinde klinisyenlere önemli bir yol gösterici olacaktır.

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