

# BÖLÜM 15

## Obstrüktif Uyku Apne Sendromu Tanı Kriterleri ve Klinik Özellikleri

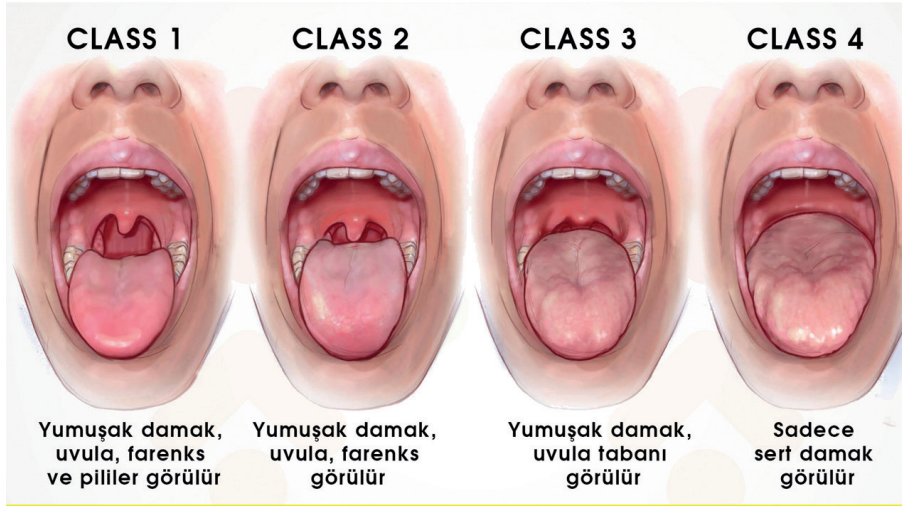


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### GİRİŞ

American Academy Sleep Disorders 2014 yılında International Classification of Sleep Disorders-3 (ICSD-3) yeni sınıflamasına göre ; Obstrüktif uyku apne sendromu (OUAS), uyku sırasında tekrarlayan üst solunum yolunda tam (apne) veya parsiyel (hipopne) obstrüksiyonlar ve genellikle buna eşlik eden kan oksijen satürasyonunda düşme ve arousal ile karakterize bir sendrom olarak tanımlanmıştır. Prevalansı, obezite ve yaşam beklentisinin artmasına paralel olarak, tüm dünyada artmaktadır (1-3). Genel popülasyon prevalansı % 9 ila% 38 arasında değişmektedir (4). OUAS, morbiditesi ve mortalitesi yüksek olan önemli bir halk sağlığı problemidir. OUAS; hipertansiyon, kalp yetmezliği ve inme gibi kardiyovasküler hastalıklar ve tip 2 diyabet arasında yakın ilişki mevcuttur [9-14]. En önemli risk faktörleri yaş, cinsiyet ve obezite olarak sıralanabilir (Tablo 1). Çocuklarda genellikle 2-8 yaş arası görülmekte ve etyolojide en sık neden adenotonsiller hipertrofidir (5,6). Yetişkinlerde ise 40-65 yaş arası pik yapar, 60 yaş sonrası görülme sıklığında artış olmasına rağmen klinik şiddeti azalır (18). Üst hava yolu anatomisindeki farklılıklar ve androjenik yağ dağılımı nedeniyle OUAS tanısı alanların %85-90'ını erkek cinsiyet oluşturmaktadır. Kadınlarda ise daha çok postmenopozal dönemde görülür (7,8). OUAS riski, vücut kitle indeksi (VKİ) >29 olanlarda 8-12 kat artmıştır. Obezite, OUAS'ın patofizyolojisini direkt etkilemekte ve yapılan çalışmalarda bu hastaların kilo kaybetsi sonucunda OUAS'ın şiddetinde azalma olduğu görülmüştür. Özellikle santral obezite, üst solunum yolu çevresinde ve abdominal bölgede yağ birikimi nedeniyle, abdomi-

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Şekil 1. Mallampati sınıflaması

## SONUÇ

Tüm dünyada ve ülkemizde prevalansı artmakta olan OUAS önemli bir halk sağlığı problemidir. Bu yüzden bu olguların klinik özellikleri iyi bilinmeli ve fizik muayeneleri ayrıntılı yapılmalıdır. Erken tanı ve tedavi hayat kalitesini arttırmakta ve mortaliteyi azaltmaktadır. Bu yüzden şüpheli tüm olgular vakit kaybetmeden uyku laboratuvarına yönlendirilmelidir.

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