Bölüm
7

SEKONDER DİYABETLİ BİR VAKADA YAKLAŞIM ve YÖNETİM

Taner DEMİRCİ[1]

GİRİŞ

Dünya genelinde gözlenen diyabet vakalarının yaklaşık %90'ını Tip 2 DM(Diabetes Mellitus) oluşturmaktadır. Kalan %10'luk dilimin büyük çoğunluğunu Tip 1 DM oluştururken küçük bir bölümünü nadir gözlenen genetik ve sekonder nedenler oluşturur. Sekonder nedenler enfeksiyöz, ilaç ilişkili, stres kaynaklı ve otoimmun veya endokrinolojik hastalıklar ile ilişkili olabilir. Diyabet yönetimi yapılırken sekonder sebepler her zaman akılda tutulmalıdır. Çünkü bu durum tespit edilir ve ortadan kaldırılabilirse, diyabetin rezolüsyonu veya regülasyonu ile sonuçlanabilir. Bu amaçla iyi klinik sorgulama, etkili fizik muayene, laboratuar olanaklarının doğru kullanılması bir bütün olarak düşünülmeli ve değerlendirme süreci iyi yönetilmelidir.

Sistemik glukokortikoid kullanımı daha önceden diyabet tanısı olmayan bireylerde doz bağımlı olarak diyabet gelişimine neden olabilmektedir. Fakat steroid kullanımına bağlı de novo diyabet gelişimi önceden normal glukoz toleransına sahip olgularda son derece nadirdir(1). Kullanılan steroid dozu ile diyabet gelişme riski arasında pozitif korelasyon vardır. Doz olarak ≤10mg Prednizon kullanımı ile oluşan rölatif risk 1,8 olarak saptanırken aynı ilacın ≥30mg kullanımında rölatif risk 10,3 olarak tespit edilmiştir(2). Sistemik glukokortikoid kullanımı ile diyabetin ortaya çıkması açısından suçlanan risk faktörleri, Tip 2 DM gelişimi için genel popülasyonda gözlenen risk faktörleri ile benzerdir; ailede diyabet öyküsü, gestasyonel diyabet öyküsü, ileri yaş ve obezite(3). Daha önceden var olan glukoz intoleransı ya da diyabet durumunda, steroid kullanımıyla, tedavi ile kontrol edilmesi zor olan hiperglisemi tablosu oluşabilmektedir(1,2,4). Glukokortikoidin hiperglisemi ve diyabete neden olan etki mekanizması için birden çok sebep suçlanmaktadır; karaciğerde glukoneogenezin artması, periferik adipoz dokuda glukoz uptake'nin azalması, insülinin reseptör ya da postreseptör düzeyinde etkisinin azalması(insülin direnci) (5,6,7,8). Ayrıca tedavi için steroid kullanımına neden olan primer hastalığında (Romatoid artrit, SLE vs.) diyabet gelişimi üzerine etkilerinin olduğu düşünülmektedir(9).

Cushing sendromunda glukoz intoleransı ve diyabet gelişimi oldukça sıktır. Aşikar diyabet, olguların %10-15'inde ortaya çıkar. Bu durum hem glukoneogenezin kortizol tarafından uyarılması hem de obeziteye sekonder gelişen insülin direnci ile açıklanmaktadır. Cushing sendromu, subklinik olduğunda bile, glukoz metabolizması bozuklukları dahil olmak üzere

[1] Doktor Öğretim Üyesi, Sakarya Üniversitesi Tıp Fakültesi, tnrdemirci@gmail.com

Anahtar Kelimeler: Tip 2 Diabetes Mellitus, Akromegali, Sekonder Diyabet

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