11.BÖLÜM

KALITSAL METABOLİK HASTALIKLAR

Murat KONAK[5]

GİRİŞ

Kalıtsal metabolik hastalıklar (KMH), bir enzimin veya kofaktörünün yokluğundan veya anormalliğinden kaynaklanan ve bir metabolitin birikmesine veya eksikliğine yol açan hastalıklardır. İntrauterin hayattan erişkinlik dönemine kadar her yaşta görülebilirler [1-3]. Kalıtsal metabolik hastalıkların her biri tek başına 100.000 canlı doğumda 1'den az insidansı olan nadir bozukluklardır. Ancak, topluca ele alındığında, insidans 800-2500 canlı doğumda 1'e yaklaşabilir. Metabolik hastalık belirti ve bulgularının erken tanınması, hızlı bir şekilde değerlendirilmesi, tedavi ve takip için tecrübeli bir merkeze yönlendirilmesi prognozu olumlu yönde etkiler. Tanıda gecikme, akut metabolik dekompansasyon, ilerleyici nörolojik hasar veya ölüme neden olabilir [1, 2].

PATOGENEZ VE SINIFLANDIRMA

Metabolik bozukluklar çeşitli mekanizmalardan kaynaklanabilir. Çoğu metabolik hastalık, bir metabolik yolun bir basamağını bozan tek bir enzim eksikliğinden kaynaklanır [3, 4].

Metabolik hastalıkların çoğu otozomal resesif, ancak birkaçı X'e bağlı resesif (ornitin karbamoiltransferaz eksikliği) kalıtım şekline sahiptir [1-4]. Çoğu KMH'nin fetüsün sağlığı ve gelişimi üzerinde etkisi yoktur, çünkü plasental perfüzyon, enzim defektinin neden olduğu sistemik metabolik bozuklukları düzeltebilir [2-4]. Hastaların çoğunun doğum kilosu normaldir ve doğumda genel durumları iyidir [1]. Ancak, hücresel enerji üretimindeki bazı defektler (ör. mitokondriyal bozukluklar), doğumda fiziksel malformasyonlara veya fetal yaşamda ciddi hasara neden olabilir. Lizozomal depolanma hastalıklarında (LDH), ciddi semptomlar doğumdan bir süre sonra ortaya çıkmasa da, defektli enzimin substratının hücre içi birikimi fetal yaşamda etkilerini gösterilebilir [1, 4].

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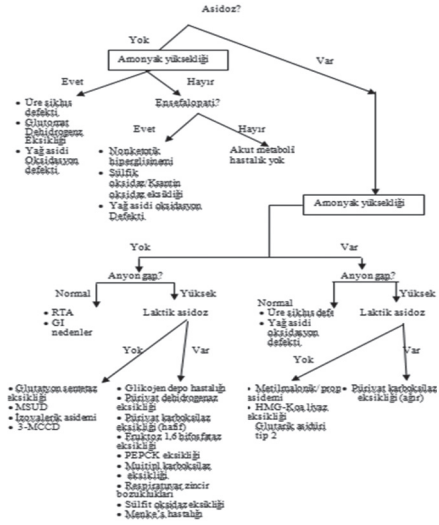

Şekil 1. Metabolik hastalıklara yaklaşım (42 numaralı kaynaktan uyarlanmıştır)