

Bölüm 20

COVID-19 VE KARACİĞER HASTALIKLARI

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GİRİŞ

İlk kez Aralık 2019'da Çin'in Wuhan şehrinde, enfekte kişilerde ciddi solunum yolu hastalığına neden olan yeni bir Corona virüs türü tespit edildi. Corona virus infectious disease-2019 (COVID-19) hastalığından sorumlu olan bu virüs, Uluslararası Virüs Toksonomi Komitesi tarafından 'Severe acute respiratory distress syndrome coronavirus-2 (SARS-CoV-2)' olarak adlandırıldı (1,2). Kısa sürede tüm dünyaya yayılan ve yaklaşık 199 ülkeyi etkisi altına alan bu virüs ve hastalık, 11 Mart 2019 tarihinde Dünya Sağlık Örgütü tarafından pandemi olarak ilan edildi (3). Türkiye'de ilk vaka ise 11 Mart 2019 tarihinde tespit edilirken, 4 Ocak 2020 itibarıyla ülkemizdeki vaka sayısı 2.255.607, vefat sayısı ise 21.685 olarak bildirildi (4).

SARS-COV-2

SARS-CoV-2, beta koronavirüs türüne ait, glikolipid zarfı olan, pozitif iplikli yeni bir RNA virüsüdür. Virüs konakçı hücrelerdeki angiotensin-converting enzyim 2 (ACE-2) reseptörlerine bağlanarak enfeksiyona neden olur. ACE-2 reseptörleri akciğer, karaciğer sinüzoidleri, safra kanalları, bağırsak, böbrek, kardiyomyosit ve birçok endotel hücrelerde bulunur. Bu doku ve organların enfekte olmasıyla virüs kan, feçes, idrar, üst ve alt solunum yolu salgularından izole edilebilmektedir. Virüsün vücuda ana giriş yolu mikropartiküllerin solunması ile olsa da, dışkı örneklerinde viral RNA'nın tespit edilmesi fekal-oral bulaşmayı desteklemektedir (5).

Semptomlar

COVID-19 ile ilişkili semptomlar çoğunlukla ateş, yorgunluk ve kuru öksürüktür. Bazı hastalarda ayrıca nefes darlığı, bel ve sırt ağrıları, burun tıkanıklığı, boğaz ağrısı, koku ve tat alma duyusunda kaybolma gibi semptomlar görülebilir. Bulantı, kusma ve ishal de daha seyrek görülen diğer semptomlardır. Covid-19

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