12.
BÖLÜM

NEFROLOG GÖZÜYLE DİYABETİK RETİNOPATİYE YAKLAŞIM

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DİYABETİK NEFROPATİ

Diyabet ve diyabetle ilişkili komplikasyonlar, ulaştığı sosyal ve ekonomik boyutlar nedeniyle küresel bir sorun haline gelmiştir. Diyabetin yıkıcı komplikasyonlarından biri olan Diyabetik Nefropati (DN) tüm dünyada son dönem kronik böbrek hastalığının başlıca nedenidir. Diyabetik hastaların %20-50'de DN gelişmekte ve renal replasman tedavilerine ihtiyaç duyulmaktadır. Türkiye'de 2019 yılı ulusal rejistry verilerine göre hemodiyalize giren hastaların %39'u diyabetiktir.

TANIM

Diyabetik Nefropati, persistan albüminüri (> 300 mg / 24 saat veya 200 μg / dak), böbrek fonksiyonunda ilerleyici bir azalma, erken dönemde arteriyel kan basıncında artma ve artmış kardiyovasküler morbidite ve mortalite ile karakterize glomerüler bir hastalıktır. Diyabetik hastaların %20-50'de DN gelişmekte ve renal replasman tedavilerine ihtiyaç duyulmaktadır.

PATOGENEZ

Diyabetik nefropati patogenezi ile ilgili çok sayıda çalışma yapılmasına rağmen, kesin mekanizma henüz tam olarak açıklanamamıştır. DN birkaç farklı aşamada gelişir. Herhangi bir klinik değişiklik tespit edilmeden önce glomerül düzeyinde, glomerüler hiperfiltrasyon ve hiperperfüzyon dahil fonksiyonel değişiklikler meydana gelir. Daha sonra, glomerüler bazal membranda kalınlaşma, glomerüler

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Böbrek Yetmezliği Olan Hastada Fundus Floresein Anjiyografi (FFA)

FFA retina, koroid ve optik diskin normal fizyolojisini ve aynı zamanda makulayı etkileyen bozuklukları gösterdiği gibi özellikle diabetik retinopatideki patolojileri ortaya çıkarmada faydalıdır. Floresein bir kontrast madde değildir. Floresein ve metabolitleri esas olarak renal eliminasyonla atılırlar. İntravenöz uygulamadan sonra idrarda 24 saat ila 36 saat çok az floresein kalır. Renal klerens 1.75 ml/dak/kg ve hepatik klerens (konjugasyon nedeniyle) 1.50 ml/dak/kg olarak tahmin edilmektedir. 500 mg (5 ml) floresein uygulanmasını takiben floreseinin sistemik klerensi esas olarak 48 ila 72 saatte tamamlanır. Böbrek yetmezliği olan hastalarda daha uzun bir atılım hızı olması mümkündür, böbrek hasarı olan (glomerular filtrasyon hızı 20 ml/dak. altında) olgulardan edinilen sınırlı deneyime göre genelde doz ayarlaması gerektirmemektedir. Ancak diyalize giren hastalarda dozun 2,5 ml'e (yarım şişe) indirilmesi önerilir.

SONUÇ

Diyabetin yıkıcı komplikasyonlarından biri olan DN tüm dünyada son dönem kronik böbrek hastalığının başlıca nedenidir. Türkiye'de 2019 yılı ulusal rejistry verilerine göre hemodiyalize giren hastaların %39'u diyabetiktir. Tip 1 DM ve diyabetik nefropatili hastaların % 95'inde diyabetik retinopati vardır. Tip 2 DM'si olan hastaların üçte birinde diyabetik retinopati olmadan DN ortaya çıkabilir. Bu sonuç Tip 2 DM'li hastaların üçte ikisinde diyabetik retinopati varlığında aynı zamanda DN'nin de olduğu anlamına gelir. DN gelişmesi son dönem böbrek hastalığına ilerleme riski de taşıdığından kardiyavasküler hastalıklar açısından önemli bir risk faktörüdür.

Diyabetli hastaların göz ile ilgili sorunlar nedeniyle değerlendirilmeleri sırasında eşlik edebilecek DN göz önünde bulundurularak nefroloji muayenesine yönlendirilmeleri erken tanı, tedavi ve prognoz açısından önem taşımaktadır.

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