

## Bölüm 25

# PEPTİK ÜLSER

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### GİRİŞ

Peptik ülserin tıp tarihindeki yeri 11.yüzyıla, İbni Sina'ya kadar uzanmaktadır. İbni Sina, batı kaynaklarında "The Canon in Medicine" diye bilinen Tıbbın Kanunu (El-Kanun fi't-Tıb) adlı eserinde 'yüzeysel ve derin gastrik ülserler'den bahsetmiştir (1). Yirminci yüzyılın erken dönemlerine kadar ülserlerin stres ve diyetle bağlı faktörler nedeniyle geliştiğine inanılmaktaydı. Peptik ülserin kaderini ve ona olan bakış açısını değiştirecek hamle, biri patolog ve diğeri gastroenterolog olan iki arkadaştan, Robin Warren ve Barry Marshall isimli Avustralyalı hekimler tarafından geldi. Bu iki bilim insanı 1983 yılında gastrit ve peptik ülserin *helicobacter pylori* enfeksiyonuyla ilişkisini gösterdi (2) ve bu alandaki çalışmaları onlara 2005 yılında Nobel Tıp Ödülünü getirmiştir (3).

'Ülserasyon' kelimesi, yüzeysel epiteldeki hafif erozyonları da kapsarken, 'peptik ülser' terimi, gastrik asit ve pepsin etkisiyle ortaya çıkan ve submukozaya kadar uzanan daha derin erozyonları ifade etmektedir. Ülserler, milimetrik çaptan santimetreyle ifade edilen büyüklüklere kadar değişkenlik gösterebilmektedir. Peptik ülser hastalığı (PÜH) ise, gastrointestinal kanalda, bilhassa mide ve/veya duodenumda ortaya çıkan mukozal ülser(ler)i ve ona ait semptomlarla birlikte olan hastalığı tariflemektedir (4). Hemoraji, perforasyon, gastrointestinal obstrüksiyon ve malignite gibi şiddetli komplikasyonlarla ilişkili olması nedeniyle yüksek morbidite ve mortaliteye sahip bir hastalıktır (5). Neden olduğu geniş komplikasyonlar ve ekonomik kayıplar ile dünya çapında önemli bir halk sağlığı sorunu konumdadır (6).

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H2RA ile duodenal ülserlerin %90'ı 6-8 haftada, gastrik ülserlerin %90'ı da 12 haftada iyileşmiştir (157). PPI tedavisinde ise gastrik ülserlerde 8 hafta, duodenal ülserlerde 4 hafta devam edilmelidir.

Ülserin medikal tedavisinin diğer alternatif ve/veya destekleyicileri ise mukozal sitoprotektif ajanlar olarak bilinen misoprostol ile sükralfattır. Sentetik prostaglandin E analogu olan misoprostol, mukus ve bikarbonat sentezini uyarır, hipergastrinemi yapmadan gastrik asit sentezini inhibe eder (158). 12 hafta boyunca 4x200 mcg olarak verilmesi tavsiye edilmektedir. Gebelerde kullanımı kontrendikedir. Sükralfat ise alüminyum sükröz sülfat bileşimidir. Tüm gastroduodenal mukozayı kaplar, asit ve pepsine bağlanır, bikarbonat, prostaglandin ve EGF sekresyonunu uyarır. Peptik ülser iyileşmesinde sükralfat tedavisinin H2RA kadar iyi olduğu ve rekürrens oranının H2RA'dan daha düşük olduğu bildirilmiştir (159). Alüminyum içeriği nedeniyle kronik böbrek hastalığı olanlarda kaçınılması gerekir.

### Cerrahi Tedavi

H2RA ve PPI ile elde edilen yüksek başarılar, cerrahi yöntemlere olan başvuruları çok kısıtlamıştır. Peptik ülser hastalığının kanama, perforasyon, obstrüksiyon gibi komplikasyonlarında cerrahi yaklaşım, primer tedavi seçeneği olarak yerlerini korumaktadır. Peptik ülser kanaması %10 görülme oranıyla en sık görülen PÜH komplikasyonudur (160).

Benign ülserler için cerrahi tercihin en sık nedeni, medikal ve/veya endoskopik olarak iyileşmenin sağlanamadığı durumlardır. Özellikle 6 aylık antisekretuar tedaviyle düzelmeyen ülserler cerrahi tedaviye aday olmaktadır.

Cerrahi prosedürler vagotomi, antrektomi+vagotomi veya subtotal gastrektomi şeklinde olmaktadır.

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