Bölüm
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KARIN AĞRISI YAPAN ROMATOLOJİK HASTALIKLAR

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GİRİŞ

Romatolojik hastalıklar bağışıklık sisteminin vücudun kendi dokusuna saldırmasıyla oluşan bir grup hastalıktır. Birçok organ ve dokuyu etkiler. Gastrointestinal sistem (GIS) birçok romatolojik hastalıkta hedef dokudur ve ve karın ağrısı GIS tutulumunda en sık görülen semptomdur. Vasküler tutuluma bağlı kanama ve perforasyon hayatı tehdit eden durumlardır.

SİSTEMİK LUPUS ERİTEMATOSUS

Sistemik Lupus Eritematosus (SLE) otoimmun, çok yönlü patogenezi olan ve çoklu organ tutulumu olan kronik bir hastalıktır. Etyolojisi tam olarak ortaya konmamakla birlikte genetik, immünolojik ve çevresel faktörlerin rol oynadığı bilinmektedir. Patolojide İmmun tolerans kaybı ve B ve T lenfositlerin anormal fonksiyonu rol oynar. %95 ANA pozitifliği mevcuttur. Orta yaş kadınlarda sıklığı artmaktadır. Birçok sistemi ve organı tutar buna bağlı olarak heterojen klinik bulguları mevcuttur.

SLE de karın ağrısı sık görülen bir semptomdur (1). Akut ya da kronik olabilmektedir. Akut karın ağrısı olan hastalarda mortalite oranı %9,4-11 dir(2,3). Karın ağrısı en sık hastalığın gastrointestinal tutulum ve tedavi komplikasyonlarına bağlı görülmektedir. Lupus enteriti, intestinal psödoobstrüksiyon ve pankreatit gibi hastalığa özgü nedenler karın ağrısı yapabildiği gibi enfeksiyonlar ya da tedavide kullanılan farmakolojik ajanların yan etkileri nedeniyle karın ağrısı olabilmektedir. Gastrointestinal sistemin bir veya birden fazla bölgesi tutulabilir. Gastrointestinal tutulum ilk defa 1895 te Sir William Osler tarafından gösterilmiştir(4). Olguların %8-25'inde direkt tutulum göstermiş, %25-40'ında tutulum olsun veya olmasın gastrointestinal

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Kronik tip genellikle Crohn hastalığından (CD) ayırt edilemez. Mukozal yapı açıkça bozulur, villuslar düzensizdir, çoğu zaman kaybolmuştur. Kriptlerde deformasyon oluşmuştur, lamina propria ödemlidir ve mononükleer hücreler infiltrasyonu mevcuttur. Mukozada aftöz ülserler, bazı durumlarda sarkoid benzeri granulomlar mevcuttur. Farklılaşmamış SpA ve AS'de kronik lezyonlar daha fazla bulunur (128).

Her iki tip barsak inflamasyonunda ishal ve karın ağrısı tipik bulgulardır. Tanıda endoskopi(kolonoskopi ve kapsül endoskopisi) yol göstericidir.

Ayrıca, nonsteroid anti enflamatuar ilaç kullanımına bağlı ince barsakta ülserler, ülsere bağlı striktür ve perforasyon ve buna bağlı gelişen karın ağrısı ve akut batın tablosu bildirilmiştir (129).

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