

# BÖLÜM 12

## DİYABET İLE İLİŞKİLİ KRONİK YARADA HİPERBARİK OKSİJEN TEDAVİSİ



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### GİRİŞ

Diyabet akut etkilerinin yanısıra kronik komplikasyonlarla da seyreden, son yıllarda komplikasyonlarında artışla önemli bir sağlık sorunu olarak görülmektedir. Kan şekeri kontrolünün sağlanamaması, kardiyovasküler sistem, göz, üriner sistem, merkezi ve periferik sinir sisteminde yapısal değişikliklerle seyreder. Karmaşık süreçlerle iz bırakan vasküler ve periferik sinir sistemindeki etkileşim, yumuşak dokuda travma sonrası iyileşmeyi güçleştirir. Sonuç olarak, farklı etyolojik nedenlerle iyileşmesi zamanında tamamlanmayan başta ayakta olmak üzere, el, gövde, bacakta yerleşim gösteren kronik yaralar ortaya çıkar (1,2,3).

Diyabetik ayak ülserleri (DAÜ) diyabetin morbidite, mortalite ve sağlık harcaması yükü ile önemli bir komplikasyondur. Diyabet hastalarının yaklaşık %19-34'ünde ömür boyunca DAÜ gelişme eğilimindedir. Uluslararası Diyabet Federasyonu verilerine göre yılda 9.1-26.1 milyon kişide DAÜ görülecektir (4). Her yıl yüzlerce hastanın komplike ve sağaltımı güç yaraları gelişir. Hatta uzun kaybının yanısıra, şiddetli seyreden kontrolsüz enfeksiyon nedeniyle sepsisten hastalar kaybedilir. Diyabetin bu komplikasyonu, uygun tedavi olmadığında morbidite ve mortalitesi yüksek seyreder. Bu hastaların hastaneye yatışlarında temel nedenlerden biri olan ayak ülserleri, zaman içinde amputasyonla sonuçlanabilir. Diyabet hastalarındaki alt ekstremitte amputasyon sıklığı 15-40 kat daha sık olup, diğer ekstremitenin de amputasyon riski de artmaktadır (2,5).

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