

ANTİHİPERTANSİF İLAÇLAR VE  
FUROSEMİD DUYARLILIĞINA  
YAKLAŞIMEbru ÖZDEMİR<sup>1</sup>

İlaç reaksiyonları doktor ilaç önerilerini etkileyen önemli bir halk sağlığı problemidir. Dünya Sağlık Örgütü (DSÖ), ilaç reaksiyonlarını ilaçların insanlarda kullanılan normal dozlarında ortaya çıkan, amaçlanmamış ve zararlı etkileri olarak tanımlamıştır. Reaksiyonlar genel olarak Tip A ve Tip B olmak üzere iki ana grupta incelenir (1). Tip A reaksiyonlar, doza bağımlı olarak ortaya çıkan ve öngörülebilir reaksiyonlardır, reaksiyonların yaklaşık %80'ini oluştururlar. Tip B reaksiyonlar ise öngörülemez ve dozdan bağımsız reaksiyonlardır. İlaç reaksiyonlarının yaklaşık %15-20'sini oluştururlar. Tip B reaksiyonlar; aynı zamanda ilaç aşırı duyarlılık reaksiyonları olarak da tanımlanır (1). İlaç aşırı duyarlılık reaksiyonları; kesin olarak immün mekanizmalarla ortaya çıkıyorsa 'Alerjik' (IgE ve non-IgE aracılı) ve immün olmayan patojenik mekanizmalarla ortaya çıkıyorsa 'Nonalerjik' olarak kabul edilmektedir.

İlaç aşırı duyarlılık reaksiyonları, kronolojik olarak da iki grupta incelenir (2,3). Bu sınıflama altta yatan alerjik mekanizmadan bağımsız olup reaksiyonun görülme zamanına dayanarak değerlendirme yapar.

Erken (ani) tip reaksiyonlar: ilaç alımından sonraki 1 saat içinde görülen reaksiyonlardır. Ürtiker, anjioödem, rinit, konjunktivit, bronkospazm, gastrointestinal semptomlar (bulantı, kusma, diyare) veya anafilaksi bu grupta olup IgE aracılığıyla veya nonimmünolojik (mast/bazofil degranülasyonu veya COX-1 enzim inhibisyonu) sonucunda gelişir.

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yetmezliği olan hastanın oral ve intravenöz furosemid tedavisini sorunsuz kullanabildiği belirtilmiş (133).

Furosemid ve bumetanid sulfonamid loop diüretiklerden olup non-antibakteriyel sulfonamidler grubundadırlar. Sulfonamid grubu antibiyotik alerjisi olan kişilerin bu diüretikleri kullanımı konusunda literatür, antibakteriyel ve non-antibakteriyel sulfonamidler arasında önemli çapraz reaksiyon varlığını düşündüren verilerin bulunmadığını ifade etmektedir (134-138)

Furosemid ile ilaç reaksiyonu gelişen iki hastaya bumetanid ile tedavi verilmiş ve bu iki ilaç arasında çapraz reaksiyon saptanmamış (139-140). Ancak 2020 yılında rapor edilen furosemid ile DRESS sendromu gelişen bir hastaya alternatif olarak bumetanid verilmiş. İki ay sonra benzer semptomların gelişmesi nedeniyle bu iki ilaç arasında çapraz reaksiyon varlığı düşünülmüş (141).

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