

KONTRAST NEFROPATİSİ GELİŞEN HASTALARIN TEDAVİSİNE VAKA EŞLİĞİNDE GÜNCEL YAKLAŞIM

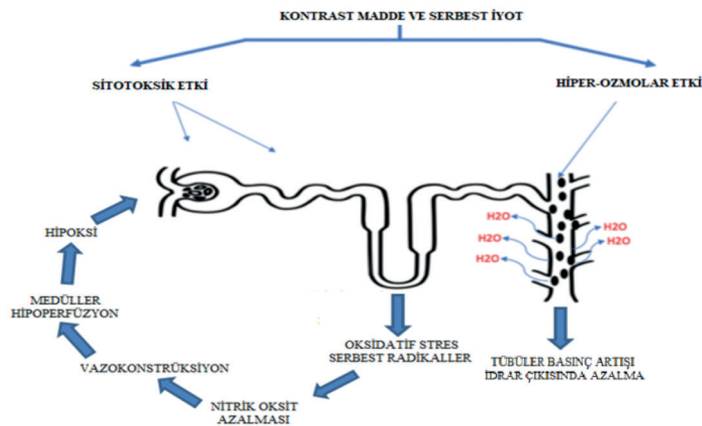
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GİRİŞ

Tanısal amaçlı veya tedaviye yol gösterici görüntüleme yöntemlerinin kullanımı giderek artmaktadır. Tanı veya tedavi amaçlı anjiyografik işlemler bu görüntüleme yöntemlerinin başında gelir. Bu işlemler esnasında görüntüleme sağlamak için kullanılan maddelere kontrast madde denir. Kontrast maddeler iyot bazlıdır. Kullanılan kontrast maddelere bağlı erken dönemde böbrek hasarı meydana gelebilir. Tüm kontrast maddelerin laboratuvar ortamında sitotoksik olduğu gösterilmiştir ve endotel hücreleri üzerinde apoptozu tetikleyen

etkileri vardır [1]. Kontrast maddeden serbestleşen iyotun da endotel hücreleri üzerinde sitotoksik etkisi olduğu varsayılıyor [2,3]. Ayrıca hiperozmolar maddenin tübüllerde birikimide başka bir hasar mekanizmasıdır [4] (Şekil A).

Kontrast madde kullanımına bağlı gelişen bu böbrek hasarına 'Kontrast Nefropatisi' (KN) denir. KN gelişiminde kabul gören mekanizmalar sitotoksikite ve hiperozmolaritedir. KN uzamış hastane yatışı, artan maliyetler, artan morbidite ve mortalite ile ilişkilidir [5]. Acil vakalarda KN gelişme riski elektif vakalara göre daha yüksektir [6].



Şekil A. Kontrast Nefropatisi hasar mekanizması.

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anlamsız hale geldi [32]. Yakın zamanda yapılan iki ayrı meta analizde; böbrek kan akışını düzenlemede faydası olan Alprostadil'in ve antioksidan etkinliği olan Rosuvastatin'in KN gelişimini önlemek üzere etkinliği değerlendirilmiştir. Her iki ilacında anlamlı derecede faydalı olduğu gösterilmiştir [33,34]. Antioksidan etkinliği ile öne çıkan bir diğer molekülde Omega-3'dür. Omega-3'ün KN üzerine etkisini inceleyen bir çalışmada faydalı sonuçlar elde edilmiştir ancak fayda oranı istatistiksel olarak anlamlı düzeye ulaşamamıştır [35].

Tüm bu farmakolojik ajanlarla yapılan tedaviler KN gelişme riskini azaltır, ancak KN'ye bağlı hemodiyaliz ihtiyacı ve mortalite üzerine anlamlı etkisi yoktur [36].

KAYNAKÇA

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