

BÖLÜM 17

İSKEMİ-REPERFÜZYON HASARINDA VİTAMİNLERİN KORUYUCU ROLÜ

Saadet ÇELİKÖZLÜ¹

GİRİŞ

İskemi, trombolitik ve tromboembolik arter tıkanlığı sonucu organlara giden kan akımında geçici veya kalıcı azalma sonucu oluşur. Organlara giden kan akımını tekrar sağlamak için trombolitik tedavi uygulanmaktadır. İskemik organlara tekrar kan akımını sağlayan reperfüzyon, doku ölümünü önlemek için hayatı öneme sahiptir. Ancak reperfüzyonun kendisi, nötrofillerin ve trombositlerin aktivasyonu dahil olmak üzere, doku hasarı ile sonuçlanan bir dizi inflamatuar yanıt sebep olur (1). Özellikle nötrofil kaynaklı reaktif oksijen türlerinin oluşumu iskemi-reperfüzyon hasarını tetikler (2-3).

Hem hücresel hem de moleküler düzeyde gerçekleşen iskemi-reperfüzyon hasarının patogenezine katkıda bulunan çoklu ve etkileşimli mekanizmalar sonucunda, hücre ve dokudaki proteinler, lipidler, karbonhidratlar ve DNA zarar görür. Bu hasar yeterince şiddetliyse nekroz yolu ile hücre ölümü veya apoptoz gerçekleşir (4) (Şekil 1).

İSKEMİ-REPERFÜZYON HASARININ MEKANİZMALARI

Enerji Tükenmesi

Doku iskemisi sırasında ilk metabolik değişiklik ATP'nin (adenozin trifosfat), oksijen yokluğu nedeniyle sentezlenmemesi sonucu enerjinin tükenmesidir. ATP, ADP (adenozin difosfat) ve AMP (adenozin monofosfat) yoluyla adenosine ve son olarak da hipoksantine parçalanır. Fizyolojik koşullar altında hipoksantin, NAD (nikotinamid adenin dinükleotit) tüketimi ile ksantin dehidrogenaz enzimi tarafından ksantine dönüştürülür. Fakat iskemik koşullar altında ksantin dehidrojenaz, reaktif oksijen türleri üretebilen ksantin oksidaza konformasyonel bir değişime uğrar (5). Ksantin oksidaz ksantini parçalar ve birçok reaktif oksijen türü üretir. Bu konformasyonel değişiklik hücre içi Ca^{+2} artışı ile de desteklenir. Kalsiyum artışına bağlı olarak proteaz aktivitesi artar. Bu da ksantin dehidrogenazın ksantin oksidaza ve reaktif oksijen türlerine dönüşümünü teşvik eder (6).

¹ Dr. Öğr. Üyesi, Kütahya Dumlupınar Üniversitesi Altıntaş Meslek Yüksekokulu, saadet.celikozlu@dpu.edu.tr

gü tespit edilmiştir (87-89). MDA, lipid peroksidasyonunun en hassas göstergelerinden biridir. Yağ asitleri, O_2^- ve metalkatalizörler (Fe^{+2} , Cu^+) var olduğu sürece lipid peroksidasyonu yeni serbest radikallerin oluşumuna yol açar. Bu nedenle reperfüzyon periyodu lipid peroksidasyonu için oldukça uygundur (90). lipid peroksidasyonu nedeniyle membran geçirgenliğinde bozulma, membrana bağlı Na^+-K^+ -ATPaz enzim aktivitelerinde azalma ya neden olur. Sonuçta protein sentezi için hayatı öneme sahip K^+ ve Mg^+ konsantrasyonları değişir ve protein sentezi engellenir. Artmış lipid peroksidasyonu ayrıca proteolitik lizozomal enzimlerin ve mitokondriyal matriks enzimlerinin sitoplasmaya salınmasıyla da sonuçlanabilir. Bu da hücre içi proteoliz ve hücresel yıkıma yol açar. Bu koşullar altında SOD gibi antioksidan enzimleri içeren antioksidan savunma sistemi, nöronal hücrelerin reaktif oksijen türleri kaynaklı ölümüne karşı direncinde çok önemli bir role sahiptir. E vitamini, lipid peroksidasyon zincir reaksiyonuna müdahale ederek reaktif oksijen türlerini süpürücü olarak iş görür (91).

Kan beyin bariyerinin yıkalmasının iskemik inmede hasara katkıda bulunan önemli bir faktör olduğu bilinmektedir. İskemik inme koşulları altında bu bariyerin bozulması, serebral damarlar arasında artan paraselüler geçirgenliğe ve beyin ödemine yol açar (92). Ayrıca iskemi-reperfüzyondaki lökosit infiltrasyonu daha sonra inflamatuar faktörlerin üretime sebep olur, kan-beyin bariyerinin geçirgenliğini arttırır ve daha yoğun hasara neden olur (93). E vitamini ön tedavisi ile beyin dokusunda lökosit infiltrasyonu azalır, lokomotif ve bilişsel kabiliyet korunur ve uzamsal bellek gelişir (88). Buna bağlı olarak E vitamininin iskemik dokuda nötrofil infiltrasyonunu engelleyerek kan-beyin bariyerini serebral iskemi-reperfüzyonun neden olduğu aşırı geçirgenlikten koruduğu, beyin antioksidan kapasitesini güçlendirerek iskemik ödem oluşumunu azalttığı söylenebilir.

E vitamininin reaktif oksijen türelerinin ve ardından gelen inflamatuar kaskadın ve zararlı inflamatuar gen ürünlerinin ekspresyonunu inaktive etme yeteneği ile iskemi-reperfüzyon hasarının önlenmesinde potansiyel bir ajan olduğu söylenebilir.

SONUÇ

Dokuda meydana gelen iskemi-reperfüzyon sonucu oluşan reaktif oksijen türlerinin verdiği hasara karşı genel olarak 3 kademeli bir antioksidan savunma sistemi vardır;

1. Albumin, heptaglobulin, ferritin ve seruloplazmin gibi antioksidan proteinlerin plazma miktarları artar (94).
2. Hücre içinde bulunan antioksidan enzim (SOD, GPx, katalaz) aktiviteleri artar (94).
3. Suda çözünen askorbik asit, ürik asit, bilirubin, glutatyon, çinko, selenyum gibi küçük moleküllü antioksidanlar ile yalda çözünen β -karoten, ubiquinol-10 (koenzinQ10), likopen, E vitamini gibi küçük moleküllü antioksidanlar bulunur.

Genel olarak baktığımızda vitaminler, antioksidan kapasiteleri sayesinde iskemi-reperfüzyon hasarına karşı önemli bir endojen mekanizma olarak görülmektedir.

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