

BÖLÜM 67

AKUT VE KRONİK DİYARELİ HASTAYA YAKLAŞIM

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TANIM

Günde üç defa veya daha fazla defakasyon anormal kabul edilir. Batılı ülkelerde dışkı genellikle 200 gr ağırlığındadır. Bazı kişi ve toplumlarda yüksek lif tüketimine bağlı 300 gr'a kadar dışkı çıkışı olabilir. İshal nedeniyle yönlendirilen hastaların %20'sinde normal dışkı ağırlığı izlenirken, dışkının daha akışkan veya sıklığının arttığı izlenmiştir. Sık, sulu ve total feçes miktarında artma ile karakterize defakasyon biçimine ishal denir.

Geriatrik hastalarda gaita inkontinansı şiddetli ve rahatsız edici ishal olarak bildirilebilir. Gevşek gaita ve rektal urgency yokluğunda hasta ishal için değil, inkontinans için değerlendirilmelidir.

PATOFİZYOLOJİ

Enfeksiyöz ajanlar, toksinler veya diğer zararlı maddelerin varlığı; barsaklarda koruyucu bir

yanıt olarak sekresyon artışı ve hareketlerin uyarılmasıyla ishal meydana gelir. Treitz'i ligamentine gelen 9-10 L hacimli hem oral alım hem de endojen sekresyonlardan oluşan sıvı yükünün %99'unu ince bağırsak ve kolon absorbe eder. İshal normalde var olan bu ince ayarın, su emiliminde azalma, ince barsak ve kolonda elektrolitlerin ve suyun transferindeki bozulması sonucunda oluşur. Gastrointestinal sistemden pasajın hızlı geçişi de suyun absorpsiyonu için gerekli süreyi kısaltarak ishale neden olur. Gaitanın kıvamı; su içeriği ve çözünmeyen lif kalıntısı ve bakteri bileşimleri gibi fekal solidler arasındaki denge ile sağlanır. Bu solidlerin bileşimindeki değişiklikler de ishale katkıda bulunacak bir diğer mekanizmadır.

Diyetteki hemen hemen tüm besinler, ince ve kalın bağırsak mukozasını oluşturan oldukça polarize epitel hücre tabakası boyunca emilerek kapillerler aracılığıyla dolaşıma karışır. Gastrointestinal sistem; anatomik, his-

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Tablo 8. Ampirik Antibiyotik Tedavisi Verilecek Hastalar

1. Sıklıkla şiddetli hastalık halinde (Ateş, günde 6'dan fazla dışkılama, hastane yatışı gerektirecek hipovolemi gelişmesi)
2. Kanlı ve mukuslu dışkı gibi invaziv bakteriyel enfeksiyon düşündüren durumlarda

Kronik ishalde tedavi altta yatan etiyolojinin tedavisine yöneliktir. Genel olarak ampirik antibiyoterapi kronik ishalde daha az yararlıdır. Kodein, afyon veya morfin gibi daha güçlü opiatlar, büyük ölçüde kötüye kullanım korkusundan dolayı, bu hastaların tedavisinde yetersiz kullanılmaktadır.

Spesifik olmayan ishal önleyici ajanlar arasında oktreotid ve klonidin bulunur. Bir somatostatin analogu olan oktreotidin, karsinoid sendrom ve diğer endokrinopatilerdeki ishaller ile damping sendromu, kemoterapi sonrası ve AIDS hastalarındaki ishalleri iyileştirdiği gösterilmiştir. İntestinal bakteriyel aşırı çoğalma için ampirik antibiyotikler seçilebilir.

Laktoz intoleransı şüphesinde laktozsuz diyetle geçilebilir.

Sınırlı ileal rezeksiyon, abdominal radyasyon tedavisi veya kolesistektomi sonrası ishal gelişen hastalarda kolestimamin (günde bir veya iki kez 2 gr) düşük dozda başlanmalıdır.

Probiyotiklerin tedavi olarak kullanımına olan ilgi artmaktadır, ancak etkinliğine dair kanıtlar sınırlıdır.

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