

BÖLÜM 152

ÜST SOLUNUM YOLU ENFEKSİYONLARINA YAKLAŞIM

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Larinks üzerindeki hava yolları üst solunum yolu olarak tanımlanmaktadır. Bu bölgelerdeki enfeksiyonlar viral ya da bakteriyel etkenlere bağlı olarak akut ya da kronik enfeksiyonlar şeklinde görülebilmektedir. Bu enfeksiyonlar aile hekimlerine yapılan başvuruların en sık nedenini oluşturmaktadır, bebekler ve çocuklarda daha yaygın olarak görülmektedir.

Üst solunum yolu enfeksiyonlarını 6 başlık altında sınıflandırabiliriz: Soğuk algınlığı, tonsillofarenjit, akut larenjit, otitis externa-otitis media ve mastoidit, sinüzit ve epiglottit

Üst solunum yolu enfeksiyonları sık karşılaşılan enfeksiyonlar olduğu için tanıda bu hastalıkların klinik ve laboratuvar bulgularının doğru şekilde değerlendirilmesi önemlidir ve bu bölümde hastalık semptomları, fizik muayene bulguları ve tanıya yönelik testler detaylı şekilde ele alınacaktır.

SOĞUK ALGINLIĞI

Soğuk algınlığı; boğaz ağrısı, hapşırtma, burun akıntısı, nazal konjesyon ve öksürüğü içeren hafif-orta şiddette klinik bir sendromdur. Akut viral nazofarenjit olarak da tanımlanan soğuk algınlığı genellikle kendi kendini sınırlayan ılımlı bir hastalıktır.

Etyoloji ve Epidemiyoloji: Hastalığa neden olan fazla sayıda virüs bulunmakla birlikte rinovirüsler ve koronavirüsler olguların %50-70'inden sorumludur. Görülme sıklığı 4 yaş altı çocuklarda en yüksektir. 4 yaş ve altı çocukların yılda ortalama 4 ila 6, yetişkinlerin ise yılda ortalama 1 ila 3 kez solunum yolu enfeksiyonu geçirdiği görülmektedir. İnsidans yaşla birlikte azalmakta 60 yaş üzerindeki kişilerde en düşük seviyelere inmektedir.

Bulaş: Soğuk algınlığına yol açan virüsler insandan insana kontamine yüzeylere direkt

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gönderilmesi gerekliliği nedeniyle radyografilerin çekilmesi önerilmez. Yatak başı boyun radyografileri ise genellikle anatomik sınırların doğru yorumlanması için yeterli değildir.

Epiglottitin kesin tanısı laringoskopi veya nazal fiberoptik endoskop ile ödemli, kiraz kırmızısı renkteki epiglotun görüntülenmesiyle konulur. Bu hastalar yanlışlıkla farenjit tanısı alabilirler. Bu durum şiddetli boğaz ağrısı veya odinofaji ile birlikte farenjiti olan erişkinlerde epiglotun tam bir muayenesinin gerekliliğini vurgulamaktadır. Epiglottit şüphesi olan hastalarda radyografi negatif olsa bile epiglot doğrudan görüntülenmelidir. Erişkinlerde dil basacağı ile öne doğru oturur pozisyonda muayene laringoskopiye gerek kalmadan epiglotu görmeye yardımcı olabilir. Daha büyük çocuk veya erişkinlerdeki subakut epiglottitte lateral boyun grafileri çekilmelidir. Boyun BT genellikle gerekli değildir ancak epiglottik apsenin değerlendirilmesi için faydalı olabilir. Kan veya epiglot kültürleri neden olan organizmayı tanımlamada faydalı olabilir ancak erişkinlerde kan kültürlerinin etkisi zayıftır ve faringeal kültürlerin yorumlanması taşıyıcılık nedeni ile karışıklık yaratabilir.

Ayırıcı Tanı: Krup (Viral laringotrakeobronşit), retrofaringeal apse, peritonsiller apse, uvulit, bakteriyel trakeit, difteri, anjiyonekrotik ödem ve yabancı cisim aspirasyonu

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