

BÖLÜM 171

KONSTİPASYONA YAKLAŞIM

Ali ATAY ¹

Hasan TANKUT KÖSEOĞLU ²

GİRİŞ

Konstipasyon dışkılama sıklığında azalma, zorlu ve ağrılı dışkılama olup gastrointestinal sistemde sık gözlenen patolojilerdendir. Patogenezinde genetik yatkınlık, düşük sosyo-ekonomik durum, düşük lif tüketimi, yeterli sıvı alımının ve hareketin olmaması, hormonal dengede bozukluk, anatomik faktörler olmak üzere birçok etken sorumludur. Konstipasyon sıklıkla yaşamı tehdit etmese bile yaşam kalitesini bozan önemli bir patolojidir. Özellikle toplumda daha az aktif rol oynayan yaşlılarda patogenezi karmaşık olup psikolojik ve sosyal sıkıntı riskinde artma, yaşam kalitesinde düşme ve tedavi maliyetinde artma nedeni ile önem arz etmektedir.

3 aydan uzun süren konstipasyon kronik olarak nitelendirilir. Kronik kabızlık primer ve sekonder olarak ikiye ayrılır. Primer nedenler yavaş kolonik geçişli konstipasyon,

normal kolonik geçişli konstipasyon ve rektal boşaltım bozukluğu olmak üzere 3 kategoride incelenir ve birden fazla nedenin birlikte görüldüğü durumlar da olabilmektedir. Mekanik, nörolojik, hormonal, metabolik nedenler ve ilaçlar sekonder neden olarak tanımlanır (tablo 1) ve primerden daha az görülmektedir.

Epidemiyoloji ve Risk faktörleri

Erişkin yaşta prevalansı yaklaşık %16 olup 60 yaş üzeri toplumda %33,5'dir. Kadınlardaki sıklığı erkeklere kıyasla 1,5:1'dir. ABD'de yapılan bir araştırmaya göre gastrointestinal sistem nedenli hekim başvurularında konstipasyon ilk beş neden arasında yer almaktadır.

İleri yaş, kadın cinsiyet, düşük sosyoekonomik durum, ebeveyn eğitim seviyesinin düşük olması, fiziksel aktivite azlığı, bazı ilaçlar, stresli yaşam, hastane yatışı konstipasyonun risk faktörleri arasında sayılabilir.

¹ Uzm. Dr., Ankara Bilkent Şehir Hastanesi, Gastroenteroloji Kliniği, draliatay@hotmail.com

² Uzm. Dr., Ankara Bilkent Şehir Hastanesi, Gastroenteroloji Kliniği, tankutkoseoglu@gmail.com



plecanatide'dir. Linaclotide'den farklı olarak pH ile değişen bir yapıya sahiptir. Asidik ortamda etkin olduğu için klor sekresyonunu üst gastrointestinal sistemde gerçekleştirir. Etkisi Linaclotide ile benzerdir.

Seratonerjik Agonistler

Prucalopride, yüksek derecede 5-HT₄ reseptöre agonisti olup afferent nöronlar aktive ederek barsak motilitesini artırıp dışkılama sıklığında ve dışkı kıvamında düzelme sağlar. En yaygın yan etkileri bulantı, kusma olup önemli kardiyovasküler etkileri ve ilaç etkileşimleri olmadığı için genellikle iyi tolere edilebilmektedir.

Sistemik Etkili İlaçlar

Bethanecol, neostigmin, prostaglandin agonisti olan misoprostol ve kolşisin bu grupta yer alır ancak kronik konstipasyon tedavisinde kullanımları onaylı değildir.

Anorektal Biofeedback Tedavisi

Rektal boşaltım bozukluğu olan hastalarda yan etkisi olmayan etkili bir tedavi yöntemi- dir. %70 oranında başarıya sahiptir. Uygun dışkılama çabası eğitimi, karın itme çabası- nı iyileştirme epitimi, pelvik taban kaslarını gevşetme eğitimi, rektal balon çıkarma testi ile stimüle edilmiş dışkılama uygulamasını içermektedir.

Cerrahi

Kronik konstipasyon tedavisinde cerrahi nadiren başvurulmuş tedavi yöntemidir. Farmakolojik tedaviye yanıt vermeyen, yavaş kolonik geçişli konstipasyonu olan hastalar- da düşünülebilir. Pelvik taban disfonksiyonu veya K_İBS olan hastalar için önerilmez. Ya- vaş kolonik geçişe sahip hastalar biofeedba-

ck tedavisine teşvik edilmeli ancak başarısız olursa cerrahi düşünülmelidir. Stoma oluş- turma tek cerrahi seçenektir.

KOMPLİKASYONLAR

Kronik konstipasyonun en önemli kompli- kasyonu feçes tıkaçlarının (fekaloma) oluş- masıdır. Sertleşmiş fekal kitlenin basıncı ile rektum arka duvarında sterkorol ülser, aşırı ıkınma sonucu hemoroid veya rektal prolap- sus, anal fissür, kolon ve rektumun aşırı ge- nişlemesi sonucu akkiz megakolon, volvulus görülebilen komplikasyonlar arasındadır.

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