

Tip 1 Diyabette Mezenkimal Kök Hücrelerin Etkinliğinin Değerlendirilmesi

12. BÖLÜM

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GİRİŞ

Diyabet (DM) insülinin salınımında, etkisinde veya bu her iki faktörün mekanizmasında meydana gelen bozukluğa bağlı olarak karbonhidrat, protein ve yağ metabolizmasındaki değişiklikler ile karakterize edilen, glisemik kontrolün sağlanması ve risk azaltma stratejileri sebebiyle devamlı tıbbi bakım ve yardım gerektiren, çok yönlü, endokrinolojik ve kronik bir metabolizma hastalığıdır. Klinik bulgu ve belirtileri arasında kilo kayıpları, ciltte meydana gelen kurumalar, görme bozuklukları, el ve ayaklarda görülen uyuşma ve karıncalanmalar, idrar yolu enfeksiyonları, polidipsi, polifaji, poliüri, mantar enfeksiyonları, halsizlik ve yorgunluk bulunmaktadır. Çok yönlü ve kronik bir hastalık olması nedeniyle diyabetin tedavi ile etkinliğinin sağlanamadığı durumlarda hiperglisemiye bağlı akut komplikasyonlar meydana gelmekte ve ölümlere yol açabilmektedir (1-6). Hastalığın iyileştirilmesi için harcanan emek ve zaman, sakatlıklar, erken ölümler, uzun dönemde meydana gelen komplikasyonlar ve sebep olduğu ek maliyetler yönünden ele alındığında hastalık ülke ekonomisine ve sağlık sistemine büyük mali yük oluşturmaktadır. ABD’de 2015 yılı itibarıyla 30 milyondan fazla kişi de diyabet hastası olarak açıklanmıştır ve bu durum tip 2 diyabet ve diğer kronik hastalıkları riskini artıran ciddi bir sağlık sorunudur (1, 7-9).

DM tedavisinde insülin analogları, pankreas adacık nakilleri ve son yıllarda artan sayıda çalışmalarla desteklenen alternatif kök hücre uygulamaları yapılmaktadır (3, 10-13). Kök hücre tedavisi, kendini yenileme ve onarma özelliği olmayan hücrelerin kaybıyla gelişen diyabet gibi hastalıklarda kök hücrelerin

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