

# BÖLÜM 20

## Yoğun Bakım Ünitesinde Stres Ülseri: Tanı ve Profilaksi

Aysun ÖZEL YEŞİLYURT<sup>1</sup>

### GİRİŞ

Stres ülseri profilaksisi, strese bağlı mukozal üst gastrointestinal kanamanın önlenmesi için kritik hastalara yaygın olarak uygulanır. Bu uygulama randomize çalışmalarda ve çeşitli uygulama kılavuzlarında onaylanmasına rağmen, şu anda stres ülseri profilaksisi ile ilgili bir dizi cevaplanmamış sorular bulunmaktadır. Rutin stres ülseri profilaksisini destekleyen çoğu veri, 1980'lerde ve 1990'larda yürütülen ve kritik durumdaki hastaların modern günlük yönetimi için sınırlı bir uygulamaya sahip olabilecek çalışmalarдан kaynaklanmaktadır. Günümüzde düşük gastrointestinal kanama oranlarının klinik olarak algılanması, mevcut risk faktörlerilarındaki sorular ve stres ülseri profilaksisinin yan etkileri, yoğun bakım ünitesinde stres ülseri profilaksisinin yararı veya zararı hakkında tartışmalarla yol açmıştır. Kritik hastalarda mukozal hasarın sıklığı (endoskopik çalışmalar sonucunda) %75-100 arasında değişmekte olup, gizli kanama kabaca hastaların %5-25'inde görülmektedir (1).

Stresle ilişkili mukoza hastalığı, üst gastrointestinal sistem mukozasında kritik hastalıkla ilişkili olarak ortaya çıkan akut, eroziv, enflamatuvardır lezyonlarla seyreden klinik durumdur. Bu lezyonlar, genellikle yüzeysel olup asemptomatik seyretmekle beraber, submukozaya ve muscularis propria ya kadar ilerleyip, masif hemoraji ve perforasyona neden olabilirler. Derin, submukozaya kadar ilerleyen

<sup>1</sup> Uzm. Dr., Çukurova Üniversitesi Tıp Fakültesi Anesteziyoloji ve Reanimasyon AD. Yoğun Bakım BD,  
draysunozelyurt@gmail.com

## KAYNAKLAR

1. Alhazzani W, Alshahrani M, Moayyedi P, et al: Stress ulcer prophylaxis in critically ill patients: Review of the evidence. *Pol Arch Med Wewn* 2012; 122:107–114.
2. Coffin SE, Klompas M, Classen D, et al. Strategies to prevent ventilator-associated pneumonia in acute care hospitals. *Infect Control Hosp Epidemiol* 2008;29:31-40.
3. Cook D, Guyatt G, Marshall J, et al. A comparison of sucralfate and ranitidine for the prevention of upper gastrointestinal bleeding in patients requiring mechanical ventilation. Canadian Critical Care Trials Group. *N Engl J Med* 1998;338:791-7.
4. Cook D, Guyatt G. Prophylaxis against Upper Gastrointestinal Bleeding in Hospitalized Patients. *N Engl J Med* 2018; 378:2506.
5. Cook D, Heyland D, Griffith L, et al. Risk factors for clinically important upper gastrointestinal bleeding in patients requiring mechanical ventilation. Canadian Critical Care Trials Group. *CritCareMed* 1999; 27:2812.
6. Cook DJ, Fuller HD, Guyatt GH, et al. Risk factors for gastrointestinal bleeding in critically ill patients. Canadian Critical Care Trials Group. *N Engl J Med* 1994; 330:377.
7. Cook DJ, Guyatt G. Stress ulcer prophylaxis: Gastrointestinal bleeding and nosocomial pneumonia. Best evidence synthesis. *Scand J Gastroenterol Suppl* 1995;210:48-52
8. Cook DJ, Walter SD, Cook RJ, et al. Incidence of and risk factors for ventilator-associated pneumonia in critically ill patients. *Ann Intern Med* 1998;129:433-40.
9. Cook DJ. Stress ulcer prophylaxis: gastrointestinal bleeding and nosocomial pneumonia. Best evidence synthesis. *Scand J Gastroenterol Suppl* 1995;210:48-52
10. Daley RJ, Rebuck JA, Welage LS et al. Prevention of stress ulceration: current trends in critical-care. *CritCareMed* 2004; 32:2008.
11. DePriest JL. Stress ulcer prophylaxis. Do critically ill patients need it? *Postgrad Med* 1995; 98:159.
12. Feldman M, Burton ME. Histamine2-receptor antagonists. Standard treatment for acid-peptic diseases. 1. *N Engl J Med* 1990; 323:1672.
13. Hospital-acquired pneumonia in adults: diagnosis, assessment of severity, initial antimicrobial therapy, and preventive strategies. A consensus statement, American Thoracic Society, November 1995. *Am J Respir Crit Care Med* 1996;153:1711-25.
14. Kantorova I et al. Stress ulcer prophylaxis in critically ill patients: A randomized controlled trial. *Hepatogastroenterology* 2004;51:757-61.
15. Kostadima E, Kaditis AG, Alexopoulos El, et al. Early gastrostomy reduces the rate of ventilator-associated pneumonia in stroke or head injury patients. *Eur Respir J* 2005;26:106-11.
16. Krag M et al. Stress ulcer prophylaxis versus placebo no prophylaxis in critically ill patients: A systematic review of randomised clinical trials with meta-analysis and trial sequential analysis. *Intensive care medicine* 2014;40:11-22
17. Mallow S, Rebuck JA, Osler T, et al. Do proton pump inhibitors increase the incidence of nosocomial pneumonia and related infectious complications when compared with histamine-2 receptor antagonist in critically ill trauma patients? *Curr Surg* 2004;61:452-8.
18. Marik PE, Vasu T, Hirani A. Stress ulcer prophylaxis in the new millennium: a systematic review and meta-analysis. *CritCareMed* 2010; 38:2222.
19. Martin LF et al. Stress ulcers and organ failure in intubated patients in surgical intensive care units. *AnnSurg* 1992; 215:332.



20. Martin LF, Booth FV, Reines HD, et al. Stress ulcers and organ failure in intubated patients in surgical intensive care units. *AnnSurg* 1992; 215:332-7.
21. Naunton M, Peterson GM, Deeks LS, et al. Wehave had a gutful: the need for deprescribing proton pump inhibitors. *J ClinPharmTher* 2018;43:65-72.,
22. Ojiako K et al. Famotidine versus pantoprazole for preventing bleeding in the upper gastrointestinal tract of critically ill patients receiving mechanical ventilation. *Am J CritCare* 2008;17:142-7.
23. Pingleton SK, Hadzima SK. Enteral alimentation and gastrointestinal bleeding in mechanically ventilated patients. *CritCareMed* 1983; 11:13.
24. Pinson JB, Weart CW. Acid-peptic products. In: Covington TR, editor. *Handbook of non pre-scriptiondrugs*. Washington DC: American Pharmaceutical Association, 1996: 193-224 2. Green FW, Norton RA, Kaplan MM. Pharmacologyandclinicaluse of antacids. *Am J HospPharm* 1975; 32: 425-9 3. Non prescription products: formulations&features '97-98. In: Knodel LC, editor. Washington DC: American Pharmaceutical Association, 1997: 156-62 4. Drake D, Hollander D. Neutralizing capacity and costeffectiveness of antacids. *AnnInternMed* 1981; 109: 215-7
25. Raff T, Germann G, Hartmann B. Thevalue of early enteral nutrition in the prophylaxis of stress ulceration in the severely burned patient. *Burns* 1997; 23:313.
26. Ritchie WP Jr. Role of bile acid reflux in acute hemorrhagic gastritis. *World J Surg* 1981; 5:189.
27. Savarino V, Di Mario F, Scarpignato C. Proton pump inhibitors in GORD. An overview of their pharmacology, efficacy and safety. *Pharmacol Res* 2009;59:135-53.
28. Schindlbeck NE, Lippert M, Heinrich C et al. Intragastric bile acid concentrations in critically ill, artificially ventilated patients. *Am J Gastroenterol* 1989; 84:624.
29. Spirt MJ, Stanley S. Update on stress ulcer prophylaxis in critically ill patients. *CritCareNurse* 2006;26:18-28.
30. [www.uptodate.com/contents/stress-ulcerprophylaxis in theintensivecareunit](http://www.uptodate.com/contents/stress-ulcerprophylaxis in theintensivecareunit).
31. Yoshida N, Yoshikawa T, Tanaka Y, et al. A new mechanism for anti-inflammatory actions of proton pump inhibitors-inhibitory effects on neutrophil-endothelial cell interactions. *Aliments Pharmacol Ther* 2000;14(Suppl 1):74-81.