

## BÖLÜM 16.1

# YARA TEDAVİSİNDE UYGULANAN GELENEKSEL YÖNTEMLER: LARVA DEBRİDMAN TEDAVİSİ VE HİRUDOTERAPİ

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### GİRİŞ

Artan yaşam süresi ve diyabet gibi kronik hastalıklar iyileşmeyen yaralardan muzdarip hastaların sayısını günden güne arttırmaktadır. Özellikle antibiyotiğe dirençli mikroorganizmalarla ilişkili cilt ve yumuşak doku enfeksiyonları hem hastaların yaşamını tehdit etmekte hem de sağlık sisteminde önemli bir hastalık yükü oluşturmaktadır. Bu durum hekimleri bir yandan yeni tedavi yaklaşımlarına yönlendirirken, diğer yandan da eskiden beri uygulanmakta olan geleneksel tedavi yöntemlerine dönmeye zorlamaktadır.

Larva debridman tedavisi (LDT), temel olarak Caliphoridae ailesindeki sineklerin dezenfekte edilmiş larvalarının “biyodebridman” ve “biyocerrahi” amacıyla yara tedavisinde kullanılmasıdır. Bu aileden en yaygın tercih edilen sinek türü *Lucilia sericata*'dır. Maggot tedavisi, maggot terapi, maggot debridman tedavisi, larva tedavisi, biyodebridman, terapötik miyaz, biyocerrahi olarak da adlandırılan bu tedavi yöntemi 1930'larda ABD'de kullanılmış, ancak 1940'ların başında antibiyotiklerin ve yeni cerrahi yaklaşımların uygulanmaya başlamasıyla terk edilmiştir. 1990'ların başında, konvansi-

yonel tedavilere yanıt vermeyen inatçı yaralar ve ülserler için yeniden gündeme gelmiştir. LDT'nin avantajları, larvaların sağlıklı dokuya zarar vermeden nekrotik dokuyu yok etmesi, yarayı dezenfekte etmesi ile yaranın granülasyonunu, oksijenlenmesini ve anjiyogenezini indüklemesidir. Bu yöntemin birincil görevi, kronik yarayı akut yaraya dönüştürerek iyileşme sürecini hızlandırmaktır. Yara küçük kendiliğinden kapanabileceği gibi büyükse enfeksiyondan arındırılmış olan yara yatağı diğer yöntemlerle tedavi edilmeye hazır hale gelir. Sistem basit, verimli, iyi tolere edilebilir ve uygun maliyetlidir (1-5).

Hirudoterapi, yüzyıllardır hastalıkları tedavi etmek amacıyla *Hirudo* cinsinden sülüklerin kullanımınıdır. Kronik yaraların tedavisinde sülüklerin kullanımı hakkında yayınlar bulunmaktaysa da bu çalışmalar genellikle kısıtlı sayıda katılımcıyla ve antibiyotik kullanımı, fitoterapi gibi diğer tedavi yöntemleriyle birlikte gerçekleştirilmiştir. Yara bölgesindeki zayıf kan akışı yaranın kronikleşmesinin ana nedenlerinden birisidir. Sülükler tarafından salgılanan pıhtılaşma ve trombosit agregasyon inhibitörleri ile vazodilatörler bölgedeki kan akışını arttıracak-

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tım metodunun uygulanmasıyla birçok büyük çaplı cerrahi debridman (ameliyatlar) ve amputasyon müdahalesinin önüne geçilmiştir. Ayrıca yöntem antibiyotik kullanımında ve hastanede yatış sürelerinde de azalma sağlamaktadır.

Kronik yara tedavisine ilişkin yayınlar son derece kısıtlıysa da hirudoterapi de kronik yaraları tedavi etmek için güvenli, kullanımı kolay, faydalı ve uygun maliyetli bir tedavi yöntemi olarak görünmektedir. Ancak uygulamada antibiyotiklerle profilaktik tedavi yanısıra hastaların ve kan değerlerinin sürekli izlenmesi de göz önünde tutulmalıdır.

Kronik yaraların ortaya çıkmasının esas sorumlusu olan diyabet, venöz yetmezlik, yatak basısı gibi arka plandaki hastalıkların uygun şekilde yönetilmemesi durumunda bu tür yaraların tekrarlaması kaçınılmazdır. LTD ile debridman yanında sülüklerle yaranın içi ve çevresindeki kan dolaşımının iyileştirildiği kombine tedavi yönteminin hastaların iyileşme sürecine olumlu bir etkiye sahip olacağı aşıkardır. Bu nedenle kronik yaraların tedavisinde hastanın durumunun uygun olması halinde mümkünse iki tedavi yönteminin birlikte uygulanması önerilir.

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