BÖLÜM

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GASTROİNTESTİNAL KANAMALARA GÜNCEL YAKLAŞIM

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GİRİŞ

Son yıllarda teknolojideki tedavi gelişmelere bağlı olarak çok sayıda yeni iyileştirme metodları klinik uygulamaya dahil edilmiş olmasına rağmen gastrointestinal sistem (GİS) kanamaları halen toplumda sık görülen, morbidite ve mortalitesi yüksek önemli gastroenterolojik acillerdir(1,2).

Genellikle hastane ve yoğun bakım ünitesine yatış gerektiren bu kanamaların tanı ve tedavi maliyeti yüksektir. Kanama gastrointestinal (Gİ) kanal boyunca herhangi bir bölgeden ve altta yatan etyolojik nedenlere bağlı gelişen farklı lezyonlardan kaynaklanabilir(3).

Gİ kanamalar kronik demir eksikliği anemisi ile seyreden kanamalardan, ani ve mortal seyredebilen kanamalara uzanan farklı klinik spektrumlar şeklinde ortaya çıkabilir(4).

İyi bir klinik değerlendirme, uygun tanısal testlerin yapılması ve multidisipliner yaklaşım etkin tedavinin gerekleridir(5).

GİS kanamaları genelde ; Üst gastrointestinal kanama(ÜGİK), Alt gastrointestinal kanama (AGİK), Obscure Okült (gizli) kanama, Obscure Overt (aşikâr) kanama şeklinde dört grupta sınıflandırılarak incelenir(6).

Anatomik olarak treitz ligamentinin proksimal kısmından başlayan üst Gİ kanaldaki kanamalar ÜGİK olarak tanımlanır(7).

Acil servis başvuruların sık nedenlerinden biri olan ÜGİK , AGİK'dan 4-6 kat daha fazla görülmekte ve ileri yaşla mortalitesi artmaktadır (8,9).

AGİK ise Treitz ligamentinin distalinde kalan kolon ve rektumda görülen kanamalardır.

Obscure kanama, Gİ kanalın endoskopik ve radyografik yöntemlerle incelenmesine rağmen saptanamayan kanamalar olarak tanımlanır ve tüm GİS kanamalarının %10'unda görülür. Obscure okült kanama ; hastada kanama belirtileri olmasına rağmen subakut ve miktarı az olduğundan belirgin kanamanın görülemediği, obscure overt kanama ise aşikâr kanamanın olduğu ancak rutin muayene ve incelemelerle kanama odağının belirlenemediği kanamalardır(10).

Ülkemiz verileri sınırlı olmakla birlikte uluslararası literatürde akut ÜGİK'in yıllık insidansı 100.000 kişide 100-200 akut AGİK'in oranı ise 100.000 kişide 20.5–27.0 olarak belirtilmiştir(11).

GİS kanama vakalarının %80-85'i spontan olarak düzelse de, bazı vakalar masif kanama ve ölümle sonuçlanabilir(11). Akut GİS kanamala-

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kan transfüzyonu gerekliliği, hospitalizasyon süresince 6 üniteden fazla kan transfüzyonu ihtiyacıdır (11,74).

BİRİNCİ BASAMAK YÖNETİMİ

GİS kanamaları mortalitesinin, tanı ve tedavi maliyetinin yüksek oluşu, çoğunlukla hastaneye ve yoğun bakım ünitesine yatış gerektirmesi nedeniyle multidisipliner bir yaklaşımla acil tanı ve tedavi gerektiren bir klinik tablodur. Aile hekimleri GİS kanamalarının önlenmesinde ve yönetiminde önemli bir role sahiptir. Birinci basamakta hastadan alınacak ayrıntılı anamnez, dikkatli bir fizik muayene ve doğru yorumlanabilen laboratuvar tetkikleri ile (biyokimyasal ,radyolojik, vb. testleri) acil müdahele ve sevk kriterleri uygulanarak gastrointestinal kanamaların mortalite ve morbiditesinin azalması sağlanabilir. Bunun yanında koruyucu hekimlik uygulamaları ve yaşam boyu hasta takibi ile kanama riski ve rekürren kanamaların azaltılabileceği unutulmamalıdır.

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