HELİKOBAKTER PYLORİ TANI VE TEDAVİ ENDİKASYONLARI

37. BÖLÜM

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ÖZET

Helikobakter pylori dünya nüfusunun yaklaşık yarısını enfekte etmesi, ısrarcı bakteriyel enfeksiyona sebep olması, peptik ülser, gastrik ülser, mukoza ilişkili lenfoid doku lenfomasına ve mide kanserine sebep olabilmesi nedeni ile tedavi edilmesi gereken bir ajandır. Maliyet, hastanın yaşı, ulaşılabilirlik gibi birçok faktöre bağlı olarak hastalığın tanı yöntem seçenekleri değişmektedir. Helikobakter pylori enfeksiyonu tespit edilince verilmesi gereken karar tedavi edilip edilmeyeceğidir. Standart üçlü tedavi ile hala yüksek oranda eradikasyon sağlanmasına rağmen dirençli olgularda çeşitli tedavi alternatifleri bulunmaktadır.

GİRİŞ

Helikobacter pylori (H. pylori), dünya çapında en sık ve kalıcı bakteriyel enfeksiyondan sorumlu mikroorganizmadır. H. pylori enfeksiyonu dünya nüfusunun neredeyse yarısını etkiler. Gelişmekte olan ülkelerde enfeksiyon prevalansı %90'a kadar çıkarken, Japonya dışındaki gelişmiş ülkelerde prevalans %40'ın altındadır (1). H. pylori enfeksiyonunu tespit etmek için tanı yöntemleri çeşitlidir ve bir yöntemin veya diğerinin seçimi, tanısal testlerin mevcudiyeti, endoskopi yapma gerekliliği, maliyet, erişilebilirlik, hastaların yaşı her yöntemin avantajları ve dezavantajları gibi birkaç faktöre bağlıdır.

Üçlü terapi, H. pylori için standart tedavidir. Üçlü terapi kabul edilebilir tedavi oranları sunsa da çeşitli ilaç kombinasyonlarını, ardışık tedavileri ve eşzamanlı terapileri kullanan dörtlü tedaviler, H. pylori tedavisi için etkili alternatifler olarak tanıtılmıştır.

ENFEKSİYONUN TANISI

H. pylori'nin varlığını tespit etmek için her biri kendi avantajları, dezavantajları ve sınırlamaları olan birkaç yöntem mevcuttur. Yöntemleri sınıflandırmanın klasik bir yolu, endoskopinin gerekli olup olmadığına göredir. Biyopsi temelli testler histolojik değerlendirme, kültür, polimeraz zincir reaksiyonu (PCR) ve hızlı üreaz testini (HÜT) içerir ve bunların tümü endoskopi sırasında elde edilen doku üzerinde gerçekleştirilir. Alternatif olarak, üre nefes testi (ÜNT), seroloji ve dışkı antijen testi (DAT), invazif olmayan prosedürler olarak gerçekleştirilebilir. Bu testleri sınıflandırmanın ikinci bir yolu, H. pylori eradikasyon tedavisinden önce mi sonra mı kullanıldığına göredir.

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lerin insidansının havuzlanmış OR'si, probiyotik takviyesi alan grupta önemli ölçüde azalmıştır (OR = 0.305; %95 CI: 0.117-0.793). Yetişkinlerde Lactobacillus ve Bifidobacterium içeren bir probiyotiğin başlangıçtaki H. pylori eradikasyon tedavisi ile birleştirilmesinin eradikasyon hızı ve toplam yan etkilerin insidansı üzerinde yararlı etkileri olabileceği sonucuna varmışlardır.

Başka bir çalışma, standart bir anti-H pylori rejimine probiyotik eklendiğinde yan etkilerin prevalansının azaltılabileceğini ve eradikasyon oranının artırabileceği amaçlandı. Çift kör, randomize, plasebo kontrollü bir çalışmada, HÜT veya histoloji ile teşhis edilen 66 H. pylori pozitif çocuk, üçlü bir ilaç tedavi protokolü (omeprazol, amoksisilin ve furazolidon) ile tedavi edildi ve rastgele probiyotik veya bir plasebo tedaviye eklendi (100). Tüm hastalara özofagogastroduodendoskopi yapıldı. H. pylori durumu, tedavinin tamamlanmasından 4 ila 8 hafta sonra DAT tarafından değerlendirildi. H. pylori eradikasyon oranı probiyotik alan grupta anlamlı olarak daha yüksekti (P = 0.04). Ayrıca, tedavi sırasında, probiyotik verilen çocuklarda plasebo ile tedavi edilen çocuklara göre daha düşük bulantı / kusma (P = 0.02) ve ishal (P = 0.039) oranı görülmüştür. Yazarlar, probiyotiklerin H. pylori enfeksiyonunun ortadan kaldırılması ve H. pylori tedavisinin yan etkileri üzerinde olumlu bir etkiye sahip olduğu sonucuna varmışlardır.

SONUÇ

H. pylori enfeksiyonu, dünya çapında en sık görülen ve kalıcı bakteriyel enfeksiyon olmaya devam etmektedir; bu nedenle, enfeksiyonun doğru teşhisi zorunludur. H. pylori enfeksiyonun teşhisi ve tedavi sonrası eradikasyonun tespiti için birkaç alternatif vardır. Ek olarak, tedavi için kullanılan birkaç seçenek vardır. Her hasta için kullanılacak tanı yönteminin ve tedavilerin belirlenmesi, diğerlerinin yanı sıra hastanın klinik durumu, enfeksiyon prevalansı ve klaritromisin direncinin yaygınlığı gibi çeşitli faktörlere bağlıdır.

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