Bölüm
7

GASTROPAREZİ BULANTI KUSMA İLİŞKİSİ

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GİRİŞ

Gastroprezi, mekanik bir obstrüksiyon olmaksızın mide içerisindeki gıdaların objektif olarak gecikmiş gastrik boşalma sendromudur ve başlıca semptomları bulantı, kusma, erken doyma, geğirme, şişkinlik ve/veya epigastrik ağrıdır (1). Gastrointestinal sistemin en sık iki nöromusküler hastalığından biridir (diğeri ise fonksiyonel dispepsidir).

Sağlıklı bir gastrointestinal sistem motor fonksiyonu, mide ve barsaklardaki sempatik ve parasempatik sinir sistemlerinin, nöronların, pacemaker hücreler olan intersitisyel cajal hücrelerinin (ICC) ve barsaktaki düz kas hücrelerinin koordinasyonunu gerektiren karmaşık olaylar dizisidir. Bu süreçteki herhangi bir anormallik gastrik boşalmada gecikmeye (gastrik staz) neden olur (2).

EPİDEMİYOLOJİ

Gastroparezi epidemiyolojisi iyi tanımlanmamıştır çünkü hastalar genellikle bulantı ve kusma için daha az spesifik ICD-10 kodları kullanılarak sınıflandırılmaktadır. Dikkatlice ve detaylı olarak gerçekleştirilen bir çalışma, Minnesota Olmsted County'de gözlemlenen gastroparezi prevalansının kadınlarda 100.000 de 37.8, erkeklerde ise 9.6 olduğunu bildirmiştir (3).

ETYOLOJİ

Her ne kadar gastroparezi genellikle gecikmiş mide boşalması ile karakterize homojen bir hastalık olarak düşünülse de, patofizyolojik olarak gastroparezi, fundik tonusdaki anormallikler, antroduodenal diskoordinasyon, zayıf antral pompalama, gastrik disritmi ve anormal duodenal feedback ile karakterize heterojen bir

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Transdermal skopolamin, nörokinin reseptörü-1 antagonisti aprepitant ve sentetik kannabinoid dronabinol, gastroparezi tedavisi için kullanılmasına rağmen, bunların kullanımını destekleyen randomize çalışmalar yoktur.

SONUÇ

Görüldüğü üzere gastroparezi diabetes mellitus, virüsler, ilaçlar, nörolojik hastalıklar vb. birçok nedene bağlı olarak gelişebilmektedir. Bir hastaya gastroparezi teşhisi koymadan önce mutlaka ama mutlaka organik patolojiler dışlanmalıdır. Bunun sebebi başta maligniteler olmak üzere birçok organik patolojinin gastroparezi semptomlarını taklit edebilmesidir. Bir başka önemli konu da tedavinin kişiye özgü olarak düzenlenlenmesidir. Gastroparezi tedavisi altta yatan nedene uygun olmalıdır. Yoksa dirençli ve tekrarlayan semptomlara sahip yaşam kalitesi düşük hastalar yaratmış oluruz.

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