

Obstrüktif Uyku Apne Sendromunda Obezite ve Bariatrik Cerrahi

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GİRİŞ

Obstrüktif uyku apnesi (OSA), uyku sırasında tam veya kısmi faringeal kollaps ve geçici üst solunum yolu (ÜA) obstrüksiyonu nedeniyle tekrarlayan apne veya hipopne epizodları ile karakterize, yenileyen hipoksemi ve hiperkapni ataklarıyla kendini gösteren geniş bir popülasyonu etkileyen bir sendromdur. UA obstrüksiyonuna yağın parafaringeal yağ yastıkçıklarında ve faringeal kaslarda birikmesi veya kraniyofasiyal morfolojideki anormallikler etken olur (1).

Obezite, obez olmayanlarla kıyaslandığında 4-10 kat hastalık oluşma olasılığı (OR) ile uyku apnesinin en kayda değer risk faktörlerindedir (2). Epidemiyolojik çalışmalar, normal vücut kitle indeksi (VKİ) < 25 kg/m² olan 30-49 yaş arası bireylerde OUA prevalansının %1.4-7.0 olduğunu, ancak 30 ile 39.9 kg/m² arasındaki VKİ'ler için önemli ölçüde arttığını göstermiştir. %13.5 (kadınlar) ve %44 (erkekler) (3). Fazla kilolu ve obez OUA kişilerde, parafaringeal yağ yastıkçıklarında ve faringeal kaslarda yağ birikimine bağlı dar bir ÜA mevcuttur (2).

OUA kilo alımını ve obeziteye bağlı komorbiditelerin şiddetini artırır. Sonuçta kardiyovasküler olay ve mortalite riskinde artış olmaktadır (4). OSA ile obezite arasında yıkıcı bir döngü meydana getiren çift yönlü ciddi bir etkileşim vardır. BMI; Çalışmaların ekserisinde, OSA ve obezite arasındaki ilişkiyi belirlemek için kullanılır, ancak OSA esas olarak yağın merkezi dağılımı ile ilişkili olduğundan, BMI'nin obez hastalarda OSA'nın tek başına iyi bir belir-

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gulaması sonrası %54 fazla kilo kaybı hipertansiyonda %58, diabette %75 ve OUAS'da %85 kür sağlamışlardır (74).

Buchwald ve arkadaşlarının çalışmasında laparoskopik obezite cerrahisi uygulanan hastaların diabet, hipertansiyon, OUAS, ve hiperkolestrolemi eşlik eden hastalıklarında sırasıyla %84, %68, %80 ve %95 lik iyileşme rapor edilmiştir (75). OUAS hastalarının % 10 oranında zayıflamasıyla apne sıklığının azaldığı, oksijenasyonun, gece uyku yoksunluğunun ve gündüz uyukluluğunun düzeldiği rapor edilmiştir (76).

Başka bir araştırmada ise OUAS olup preoperatif CPAP kullanan hastaların post op 6. Ay da sadece %3 CPAP kullanmaya devam ettiği bildirilmiştir (77).

Sonuç olarak orta ila şiddetli OUA için altın standart tedavi CPAP olsa da klinik çalışmalarda majör kardiyovasküler olaylarda anlamlı azalma gözlenmemiştir. Ancak şiddetli obezite ve orta ila şiddetli OS'ada, bariatrik cerrahi mevcut veriler baz alındığında en uygun tedavidir. Özellikle bariatrik cerrahi yoluyla kilo kaybının OUAS'ın ciddiyetini ve semptomlarını azalttığı bilinmektedir. Obezitenin ve dolayısıyla komorbiditelerinin tedavisi için uzun süreli devam eden etkisi ile en önemli tedavi seçeneği bariatrik cerrahidir. Bariatrik cerrahi de laparoskopik cerrahi son yıllarda daha çok tercih edilmektedir.

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