

# BÖLÜM

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# ZOONOTİK HASTALIKLAR

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Zoonotik hastalıklar (zoonozlar), hayvanlardan insanlara direkt veya dolaylı olarak bulan infeksiyon hastalıkları grubunu tanımlamaktadır. Önemi her geçen gün artan hastalık grubunun oluşumunu etkileyen birçok faktör vardır. Etken organizmaların yaşam döngüsünü etkileyen kesin konak veya ara konak hayvanların ihtiyaç duyduğu iklim koşulları, coğrafik şartlar hastalığın dünya genelinde yayılmasını belirleyen özellikleridir. Öte tarafından gelişen teknoloji, seyahat kolaylığı, artan küresel ticaret hastalığın yayılmasını belirleyen önemli faktörlerdir. Bu gruptaki hastalıklardan bir bölümü biyolojik silah olarak kullanım açısından önem taşımaktadır.

Zoonotik hastalıklardan korunma ve kontrol bireysel tedbirlerin yanında multidisipliner bir yaklaşım gerektirir. Zoonotik hastalıkların kontrolü ancak farklı meslek gruplarının ortak çalışmaları sonucu sağlanabilir.

### LYME HASTALIĞI

Spiroketlerden olan *Borrelia burgdorferi*'nin etken olduğu lyme hastalığı, vektörler aracılığıyla bulaşmakta ve ülkemizde de görülebilmektedir<sup>1,2</sup>. Hastalık *Ixodes* cinsi keneler ile taşınan bakteriyel bir hastalıktır<sup>3,4</sup>. Hastalığın görülme dönemleri, kenelerin en çok aktif olduğu, Mayıs-Haziran ve Ekim-Kasım aylarıdır.

#### Lyme Hastalığı 3 Evrede

##### Değerlendirilir

**1. Erken Lokalize Evre;** İnkubasyon periyodu 3 ile 32 gün arasındadır<sup>5</sup>. Kene tarafından ısırlıma sonrası günler içinde (7-14 gün) hastaların % 60-80'inde döküntü (Eritema Cronicum Migrans) görülür. Bu döküntü kırmızı, yavaşça genişleyen boğa gözü şeklinde görülür. Lezyon sisirik etrafında küçük, kırmızı bir palp olaraq başlar ve lezyonun çapı 70 cm'ye kadar ulaşabilir<sup>6</sup>. Bu evrede döküntü ile beraber, sistemik semptomlar da(ateş, üşüme ile birlikte yorgunluk, kas ağrısı, eklem ve baş ağrısı) bulunabilir. Muayene bulgularında, bölgesel adenopati ve sisirik bölgelerden farklı bölgelerde cilt lezyonları görülebilir. Tedavi edilmeyen olgularda cilt bulguları dışındaki en sık tutulum eklemler, sinir sistemi ve kardiyovasküler sistemdir<sup>7-11</sup>.

**2. Erken Yaygın Evre;** kene sisirigidan itibaren günler-aylar içinde ortaya çıkar. Birçok sistemi de içeren semptomlarla birlikte görülebilir. Bu olgularda eritema kronikum migrans görülmeyebilir. Yine bu olgularda nörolojik semptomlar eşlik edebilir (lenfositik menenjit, sıkılıkla Bell palsi gibi kraniyal sinir palsileri, azalmış duyu, güçsüzlük ve refleks yokluğu)<sup>12,13</sup>. Artralji, bitkinlik, çarpıntı, atrioventriküler bloklar ve orta derecede peri/miyokardit görüp-

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Cerrahi tedaviye kontrendikasyon oluşturan durumlar arasında karmaşık veya yaygın tutulum, ileri hasta yaşı, gebelik, komorbiditeler, ulaşılması zor çoklu kistler, kısmen inaktif veya kalsifiye karaciğer kistleri veya hastanın cerrahiyi reddetmesi yer alır<sup>8,12</sup>. Cerrahi uygulanmayan ya da kontrendike durumlarında medikal tedavide en az üç ay (siklus) boyunca albendazol(2 x400 mg oral 4 hafta verilip 2 hafta tedavi durdurulur) veya mebendazol (günde 40-50 mg /kg oral) ilk seçenek ilaçlardır<sup>8</sup>.

## BATI NIL ATEŞİ

Batı Nil Ateşi (BNA) etkeni *Flavivirus* cinsinin *Flaviviridae* ailesine ait *Bati Nil Virüsü*'dür<sup>1</sup>. İnsanlara bulaşın en yaygın şekli sivrisinekler (özellikle *culex* türü) aracılığıyla gerçekleşir. Bunun yanındakan, organ, doku nakli, ve plasental yol ile bulaş olduğu da saptanmıştır<sup>2,3</sup>. Dünyada yaygın bir dağılım gösteren hastalık Afrika, Avrupa, Asya, Kuzey Amerika, Avustralya ve Orta Doğu'da görülebilmektedir<sup>4</sup>. Hastalıkın kuluçka süresi 2 ile 14 gün arasında değişmektedir<sup>2</sup>. BNA enfekte kişilerin % 20 ile 25'inde klinik saptanır<sup>5,6,7</sup>. Halsizlik, ateş, başağrısı, yaygın kas ağruları ve daha nadir olarak gastrointestinal semptomlar ile artralji görülür<sup>7,8</sup>. Hastaların % 1inden azında ensefalit, menenjit, flask paralizi gibi santral sinir sistemi tutulumu görülür<sup>8</sup>. Tanı için hastanın serum veya beyin omurilik sıvısında viruse karşı oluşan immunoglobulin M antikorları veya PCR testi kullanılır<sup>9</sup>. Etkili bir antiviral tedavisi bulunmamaktadır. Destek tedavisi önerilir<sup>10</sup>.

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