

COVID-19 ÇOCUK HASTALARDA SİSTEM TUTULUMLARI

Eylem TOPAKTAŞ¹

4. BÖLÜM

Aralık 2019'da Çin'in Wohan kentinde ilk hastanın görüldüğü ve sonra koronavirüs hastalığı 2019 (Coronavirus Disease 2019; COVID-19) olarak adlandırılan SARS-COV-2 (Severe Acute Respiratory Syndrome Coronavirus-2; SARS-CoV-2) virüsünün neden olduğu hastalık Mart 2020'de dünya sağlık örgütü tarafından pandemi ilan edildi. Hastalığın genellikle erişkinlerde semptomatik görüldüğü yönünde çok sayıda yayın bulunmaktadır. Çocuk hastalar çoğunlukla asemptomatik olsalar da karşımıza farklı klinik bulgularla gelebilmektedirler. Farklı ülkelerden yapılan farklı derlemeler bunu açıkça ortaya koymuştur. Yapılan yayınlarda ateş şikayetinin %36-%100 hastalarda görüldüğü, gösterilmiştir^{1,2,3}. (üşüme, titreme ise 2020 Nisan ayında CDC (Centers for Disease Prevention and Control) tarafından COVID ile alakalı olarak gösterilmiştir².

COVID-19 enfeksiyonu çocuk hastalarda her sistemi çok farklı etkileyerek farklı klinik tablolarla karşımıza çıkabilmektedir.

SOLUNUM SİSTEMİ TUTULUMU:

Boğaz ağrısı, tat duyusunda ve koklama duyusunda kayıp 2020 Nisan ayında CDC tarafından COVID-19 ilişkili olarak bildirilen semptomlardır. Yapılan bir çalışmada 43-80% öksürük, 33-60% burun akıntısı varlığını göstermiştir². Başka çalışmalarda ise boğaz ağrısı %6- 36.8 hastada postnazal akıntı %3 hastada görülmektedir^{3,21}. Bu çalışmalar hastalık şiddet spektrumunun ne kadar geniş olduğunu göstermektedir.

SARS-COV-2 'nin öncelikli yerleşim yerinin solunum sistemi olması nedeniyle hastaların büyük çoğunluğunda üst ve alt solunum yolu etkilenim bulguları görülmesi çocuk hastalarda da öncelikli beklenen durumdur. Farklı çalışmalarda öksürük %19- 65, farengeal eritem %46.2, dispne veya takipne %3-28.7 ve

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kg IV başlanabilir. Dirençli olguların Anakinra 2-6 mg/kg/gün ve Tosilizumab 30 kg altındaki olgularda 12 mg/kg IV, 30 kg üstündeki olgularda 8 mg/kg IV tedavisine de iyi yanıt verdikleri çalışmalarda gösterilmiştir²⁶.

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