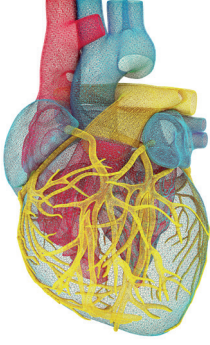


# BÖLÜM 35



## Diyabetik Ayak

Sıla ÇETİK<sup>1</sup>

### | GİRİŞ

Diyabetik ayak sorunları tüm diyabet tiplerinde en önemli morbidite ve mortalite sebepleri arasında yer alır. Yüzeysel enfeksiyonlar (selülit), derin enfeksiyonlar (osteomyelit), ülserler ve Charcot artropatisi en önemli diyabetik ayak sorunlarıdır.

Yaklaşık 3 diyabetik hastadan birinde hayatının bir döneminde diyabetik ayak sorunu gelişmektedir (1). Diyabetik ayak sorunları bu popülasyonda sık hastane yatışlarına neden olmakta ve ayak yarası olmayan diyabetiklere göre ölüm riskini 2.5 kat arttırmaktadır (2). Diyabetik ayak ülserlerinin yarısından fazlası enfekte olmakta ve orta-ciddi enfeksiyonların %20'si amputasyonla sonlanmaktadır (3, 4). Diyabetik ayak sorunlarının çözümünde ilk basamak yara oluşumunun engellenmesidir. Bu aşamada hasta, hasta yakınları ve sağlık personelinin diyabetik ayak risk faktörlerinin farkında olması ve hastanın düzenli olarak bu açıdan değerlendirilmesi gerekmektedir. Alt ekstremitelerin nöropatik ve vasküler tutulum açısından belirli aralıklarla muayene edilmesi ayak problemlerinden kaynaklanan morbiditeyi önemli ölçüde azaltabilir.

### | PATOFİZYOLOJİ VE RİSK FAKTÖRLERİ

Nöropati, periferik arter hastalığı, yumuşak doku ve kemik deformateleri ve sekonder enfeksiyon dördüsü diyabetik ayak sorunlarının temelini oluşturur. Mikro ve makrovasküler komplikasyonlar birbirini tetikleyerek ayak sorunlarının ilerlemesine ve kronikleşmesine neden olur. Bunlara ek olarak diyabete bağlı oksidatif stres, inflamasyon yanıtında artış, sitokin sentezinde bozulma da oluşan yaraların iyileşmesini güçleştirir.

Hiperглиsemi, vasküler süperoksit dismutaz ( $O_2^-$ ) artışına neden olarak nitrik oksit (NO) aktivitesini azaltır ve vasküler disfonksiyona neden olur. NO'nun vasküler etkilerine ek olarak yara iyileşmesi üzerine de olumlu etkileri bulunmaktadır. Bunların başında anjiogenezi uyarma, endotel ve epitel hücrelerinde proliferasyon, fibroblast proliferasyonu ve göçünü artırma yer alır (5). NO sentezinde azalma bu etkilerde de azalmaya neden olarak yara iyileşmesini geciktirecektir. Yüksek İleri Glikasyon Son Ürünleri (Advanced Glycation End Products [AGE]), diyabetik komplikasyonlarda suçlanan diğer bir antitedir. Diya-

<sup>1</sup> Uzm. Dr., Hacettepe Üniversitesi Tıp Fakültesi Geriatri BD., silakukner@gmail.com,

## SONUÇ

Diyabetik ayak, erken ve doğru tedavi edilmemesi halinde diyabetin en yıkıcı komplikasyonlarından biri haline gelebilir. Kompleks patofizyolojisi ve kalıplaşmış tedavi seçeneklerinin olmaması nedeniyle hastaya özel tanı ve tedavi planının belirlenmesi gerekmektedir. Diyabetli tüm hastalar değerlendirilirken mutlaka ayak muayenesi yapılmalı, ülserasyon riski olan hastalar belirlenmeli ve ilerlemeyi önlemek için uygun süreçler başlatılmalıdır.

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