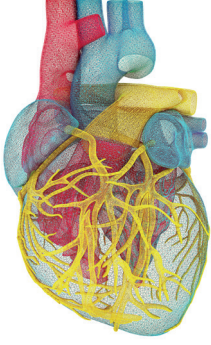


BÖLÜM 42



Renal Arter Hastalığı ve Diyabet

Feride ÖZKARA¹

| GİRİŞ

Renal arter stenozu (RAS), sekonder hipertansiyonun ve buna bağlı gelişen renal yetmezliğin en sık görülen nedenleri arasında yer almaktadır. Böbrek perfüzyonunun azalmasına neden olan bu durumu oluşturan çoğu zaman (%90 sıklıkta) aterosklerotik renal arter stenozu (ARAS) veya fibromusküler displazidir (FMD, %10 sıklıkta) (1,2). Ekstrinsik kompresyon, vaskülitler, konjenital bantlar, nörofibromatozis ve radyoterapi renal arter stenozunun ateroskleroz dışı nadir nedenleridir (2,3). Aterosklerotik lezyonların oluşumunda bilinen en önemli risk faktörü diyabetes mellitustur (DM). Bu açıdan bakıldığında diyabetik hastalarda ARAS prevalansının genel hipertansif popülasyona kıyasla daha fazla olması beklenebilir (4). Ayrıca ARAS, renal parankimde iskemik değişikliklere yol açarak ciddi hipertansiyon ve renal yetmezliğe neden olmakta, bu durum diyabetin böbrek üzerindeki olumsuz etkilerini alevlendirmektedir (5). ARAS varlığı, hastaların medikal tedavisini de doğrudan etkilemekle birlikte; bu hastalarda renin-anjiyotensin-aldosteron sistemini (RAAS) inhibe eden medikal ajan kulla-

nımı sonucunda renal perfüzyon bozulabilmekte ve akut böbrek hasarı gelişebilmektedir (6). Bu bölümde aterosklerotik renal arter stenozuna genel yaklaşım ve diyabet ile olan ilişkisi üzerinde durulacaktır.

| EPİDEMİYOLOJİ

Aterosklerotik renal arter stenozu (ARAS), 65 yaş ve üzeri popülasyonun %6,8'inde görülmekte olup hipertansiyonlu hastalarda renovasküler hipertansiyon prevalansının %0.1 ile %5 civarında olduğu tahmin edilmektedir (7-10). ARAS prevalansı ayrıca hipertansiyonun ciddiyeti ile artar; örneğin, koroner ateroskleroz nedeniyle kateterizasyon uygulanan dirençli hipertansiyonu olan hastaların %14-24'ünde ARAS tespit edilmiştir (11-13). Ciddi (%50 üzerinde) stenoza neden olan lezyonların prevalansı; yaş, erkek cinsiyet, sigara, hiperlipidemi ve periferik arter hastalığı gibi geleneksel kardiyovasküler risk faktörleriyle artmaktadır (7). Aterosklerotik renal arter stenozunun başka komorbiditeler ile birlikteliği pek çok çalışmanın konusu olmuştur. En sık eşlik eden kronik hastalık kalp yetersizliğidir. De Sil-

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