

Yoğun Bakımda Tiroid Sorunlarına Yaklaşım

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| Giriş

Hipotiroidizm ve hipertiroidizm toplumda çok sık rastlanılan tiroid fonksiyon bozukluklarıdır. Her iki durum da yoğun bakım ünitesinde tedavi ve takibi yapılması gereken acil tıbbi sorunlara neden olabilir. Bunlardan bir tanesi mental durumda kötüleşme, hipotermi ve birçok organda fonksiyon yavaşlaması gibi hipotiroidizm semptomlarının abartılı bir şekilde görüldüğü miksödem komasıdır. Diğer ateş, taşikardi, mental durumda bozulma gibi hipertiroidizm semptomlarının abartılı bir şekilde görüldüğü tiroid krizidir. Her ikisi de morbiditesi ve mortalitesi yüksek, yoğun bakım ünitesinde takip ve tedavi edilmesi gereken acil tıbbi durumlardır.

Yoğun bakım ünitesinde takip edilen tiroid dışı kritik hastalığa sahip olan hastalarda tiroid fonksiyon testinde değişiklikler görülebilir. Altta yatan bir tiroid hastalığı olmaksızın görülen bu durum ötiroid hasta sendromu (ÖHS) olarak adlandırılır (1).

Bu bölümde, özellikle yoğun bakım ünitesindeki hastalarda sık karşılaşılan ÖHS, tedavi ve takibi yoğun bakım ünitesinde yapılan endokrinolojik acillerden miksödem koması ve tiroid krizinden bahsedilecektir.

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| Sonuç

Farklı uzmanlık alanlarından doktorlar da dahil olmak üzere iç hastalıkları ve yoğun bakım uzmanları, ciddi hastalıklar nedeniyle hastanede yatan hastalarda sıklıkla görülen ÖHS'nin farkında olmalıdır. Altta yatan hastalığın tam çözümü sağlanana kadar tiroid fonksiyon testinde sapmalar olabileceğinin bilincinde olunmalıdır. Tiroid hormon seviyelerindeki anormalliklere değil altta yatan hastalığın yönetimine odaklanılmalıdır.

Endokrinolojik acilerden miksödem koması ve tiroid krizinin hızlı tanınması ve müdahale edilmesi hastaların hayatta kalması açısından çok önemlidir. Şiddetli hipotiroidizm ve hipertiroidizm semptomları olan hastalarda morbiditesi ve mortalitesi yüksek olan ve vakit kaybetmeden tedavisine başlanması gereken bu iki acil tıbbi durumun tanısı her zaman akılda tutulmalıdır.

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