

# GERİATRİ VE ÜST GASTROİNTESTİNAL SİSTEM KANAMALARI

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## GİRİŞ

Üst gastrointestinal sistem (GIS) kanamaları, duodenum ve jejunum arasında bulunan Treitz ligamentinin proksimalinden kaynaklanan kanamalar olup, genellikle hematemez ve/veya melena ile prezente olurlar. Yıllık hastaneye yatış insidansı 100.000 kişide yaklaşık 100 olup (1), hastaların yaklaşık %70'i 60 yaşın üzerindeki hastalardır (2).

Üst GIS kanamalar, alt GIS kanamalarından daha sık görülmekte olup, erkeklerde kadınlara nazaran daha fazla izlenmektedir (3,4). Yaş, sigara, alkol tüketimi, peptik ülser hastalığı hikâyesi, portal hipertansiyon ve bazı ilaçlar daha yüksek üst GIS kanama riski ile ilişkilendirilmiştir.

Morbidite, mortalite ve görülme oranı yaşla beraber arttığı için (5), geriatrik hasta popülasyonunda üst GIS kanamanın teşhisi ve yönetimi ayrı bir önem arz etmektedir.

## ÜST GIS KANAMA NEDENLERİ

Üst GIS kanamanın nedenleri, portal hipertansiyon/siroz ile ilişkili ve portal hipertansiyon ile ilişkili olmayan nedenler olarak iki farklı katedride ele alınabilir (Tablo 1).

Tablo 1. Üst GIS kanama nedenleri

Portal hipertansiyon dışı nedenler	Portal hipertansiyon ile ilişkili nedenler
Peptik ülser	Özofageal/gastrik varisler
Eroziv gastroözofajit	Gastrik antral vasküler ektazi
Mallory-Weiss	Portal hipertansif gastropati
Dieulafoy lezyonu	
Arteriovenöz malformasyonlar	
Malignite	
Aortoenterik fistül	

En sık görülen üst GIS kanama nedenleri peptik ülser hastalığı ve eroziv gastrit/özofajittir.

Peptik ülser, mide veya duodenumda muskularis mukozadan daha derine inen bir defektir. Asemptomatikten perforasyona kadar geniş bir yelpazede ortaya çıkabilir. Üst GIS kanamanın en sık sebebidir ve üst GIS kanamalı hastaların yaklaşık %60'ında izlenir (1). Helikobakter pilori (HP) enfeksiyonu ve non-sterid antiinflamatuvar ilaç (NSAİİ) kullanımı en önemli risk faktörleri olmakla beraber, psikolojik stres artmış mide asidi de risk faktörleri arasında yer alır (6). Risk fak-

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kullanılmak üzere dabigatran için idarucizumab; rivaroksaban, apiksaban ve edoksaban için de an-dexanet alpha isimli geri çevirici ajanlar bulunmaktadır (39).

## SONUÇ

Komorbiditelerin varlığı ve NSAİİ, antikoagülan ilaç kullanım oranının fazla olması nedeniyle geriatrik hastalarda üst GIS kanama daha sık görülmektedir. Geriatrik hasta gruplarında GIS kanama ile ilişkili mortalite ve morbidite oranlarının daha fazla olduğu için multidisipliner yaklaşımlar ile hastalar tedavi edilmelidir.

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