BÖLÜM
5

VENTİLATÖR İLİŞKİLİ PNÖMONİ

Ayşegül İLBAN[1]

GİRİŞ

Ventilatör ilişkili pnömoni (VİP), mekanik ventilatör desteği alan hastalarda en sık olarak görülen hastane kaynaklı enfeksiyonlardan biridir ve yoğunbakım ünitelerinde kalış süresini, mortalite oranını, antibiyotik kullanımını ve maliyetleri ciddi oranda yükseltmektedir. VİP endotrakeal entübasyonu takip eden 48 saat sonrasında ortaya çıkan yeni veya progresif bir infiltrat varlığı gösteren sistemik enfeksiyon belirtileri ile karakterize hastane kaynaklı pnömonidir. Tanı genel tıbbi muayene, radyolojik tetkik ve solunum sistemi sekresyonlarının mikrobiyolojik incelemesi ile konulmaktadır. VİP hastane kaynaklı pnömoni vakalarının büyük bir kısmından sorumludur (1). VİP'in mekanik ventilatör desteği alan tüm hastaların % 9-27'sinde ortaya çıktığı tahmin edilmektedir (2). Türkiyede yapılan çok merkezli bir çalışmada yoğunbakım ünitelerinde 1000 invaziv alet kullanımına göre mekanik ventilatör kullanımı %63 iken bu vakaların %32,6'sında VİP oluştuğu tespit edilmiştir (3).

VİP'e bağlı gelişen mortalite oranı %24 ile %76 arasında değişiklik göstermektedir (4). VİP'e bağlı gelişen mortalitedeki bu farklılık yoğunbakım hasta popülasyonlarındaki farka, eşlik eden sekonder etmenlere kısmen de ilk iki gün içerisinde uygulanan ampirik tedavinin uygunluğuna bağlı olarak değişiklik göstermektedir. Ayrıca VİP'e neden olan mikroorganizmada mortaliteyi etkilemektedir özellikle *Pseudomonas aeruginosa, Acinetobacter* spp. ve *Stenotrophomonas maltophilia* bağlı oluşan enfeksiyonlarda mortalite yükselmektedir (5).

VİP'i başlangıç zamanına bağlı olarak iki türe ayırmak mümkündür. Erken dönem VİP endotrakeal entübasyonu takip eden ilk dört gün içerisinde başlar ve çoğunlukla antibiyotik direnci düşük olan bakterilerden kaynaklanmaktadır. Geç VİP ise dördüncü günden sonra ortaya çıkmakta ve çoğunlukla multidrug resistant (MDR) patojenlere bağlı olarak gelişmektedir (2).

Mekanik ventilasyonu takip eden 48 saat sonrası vücut immun sistemini geçmeyi başaran patojen pulmoner parankime invaze olur. Bakteri inokülasyonu steril olan alt hava yollarına, solunum sistemi sekresyonlarının aspirasyonu, uygulanan invaziv işlemlere bağlı oluşan kontaminasyonlar ya da sindirim sistemi kolonizasyonlarına bağlı olarak gelişmektedir. VİP'de uzamış entü-

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konuyla ilgili daha fazla saha çalışmasına ihtiyaç duyulmaktadır (64).

Probiyotikler

Probiyotikler orofarenks ve mide de VİP'e neden olan patojen mikroorganizmalar ile rekabet içerisine girmektedir. Geliştirilmiş mikrobiyal dengenin VİP insidansını azalttığı, ancak yoğun bakım kalış süresi, mortalite oranları ve ventilasyon süresini değiştirmediği gösterilmektedir (68).

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