

14. Bölüm

BÖBREK NAKLİ VE ENFEKSİYONLAR

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Enfeksiyonlar halen böbrek transplant alıcılarında (BTA) morbidite ve mortalitenin önemli bir sebebi olmaya devam etmektedir. Transplant (nakil) cerrahisi ile ilişkili komplikasyonlar; re-transplantasyon, reekspolarasyon, donör ilişkili enfeksiyonlar, nozokomiyal enfeksiyonlar, latent enfeksiyonların reaktivasyonu greft fonksiyonlarını ve sonucunu etkileyebilir. Greft disfonksiyonu veya kronik rejeksiyon nedeni ile immünosupresif ilaçların dozunun artırılması da enfeksiyon riskini artırır. İmmünomodülatör virüsler ile sistemik enfeksiyonlar (CMV, diğer herpes grubu virüsler, HCV gibi) direkt veya indirekt olarak immüniteyi değiştirerek rejeksiyona neden olabilir (1). Böbrek nakli alıcılarında en sık görülen enfeksiyonlar; genitoüriner sistem enfeksiyonları, pnömoni, yara yeri enfeksiyonları, organ boşluk enfeksiyonları, cihaz ilişkili enfeksiyonlar ve organ spesifik veya dissemine viral enfeksiyonlardır (2,3).

ENFEKSİYON RİSKİ VE ENFEKSİYON ZAMANLAMASI

Organ nakli hastasında ciddi enfeksiyon riski, hastanın yakın ve uzak epidemiyolojik maruziyetleri ve hastanın immünosupresyonuna katkıda bulunan tüm faktörler arasındaki etkileşim ile belirlenir (4). Bu risk, antimikrobiyal profilaksi ve immünosupresif tedavilerdeki değişiklikler ile değişir. Enfeksiyonun doğrudan etkilerine ek olarak fırsatçı enfeksiyonlar, ve mikrobiyom, greft ömrünün ve hastaların sağkalımının azalmasına neden olduğu gibi, immün sistem yanıtlarında değişikliklere neden olabilir. Antimikrobiyal tedaviler, transplant olmayan hastalara göre daha karmaşıktır. İlaç toksisitesi insidansı artmakta ve greft fonksiyon-

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Santral sinir sistemi enfeksiyonları.

SSS enfeksiyonları nakil alıcılarında bir tıbbi acildir. Etiyolojiden birçok etken sorumludur. Klasik belirtiler (baş ağrısı, ense sertliği, ateşi kernig ve brudzinski bulgusu veya papil ödem) çoğunlukla yoktur. Enfeksiyonun nörolojik bulguları hepatik ensefalopati, üremi, hipoksemi, ilaç yan etkisi (kalsinörin inhibitörleri, florokinolonlar, TMP-SXT) sistemik enfeksiyon veya alkol yoksunluk sendromu ve depresyon ile maskelenebilir.

Birçok SSS enfeksiyonları akciğer veya sinüsden yayılır. Bundan dolayı özellikle *Aspergillus*, *Mucormycosis*, *Scedosporium*, *Cryptococcus*, *Nocardia species*, or *Strongyloides stercoralis* da metastatik odaklar açısından iyi değerlendirme yapılmalıdır. SSS enfeksiyonuna (meningoensefalit)yol açan önemli viral enfeksiyon ajanları HSV, sitomegalovirus, JC virüs (PML), Batı nil virüsü ve *varicella zoster virus*. Toplumdan edinilen enfeksiyonlar *Listeria monocytogenes*, *mycobacteria*, *Nocardia sp.*, ve nadiren *Salmonella sp.* dir. Parazitler ise *Toxoplasma gondii*, *Microporida*, ve *Strongyloides* dir.

Etkene yönelik spesifik tanı esastır. Lomber ponksiyon, kan kültürü ve radyolojik tetkikler sonuçlanıncaya kadar ampirik tedavi *Listeria* (ampisillin), *Cryptococcus* (flukonazol veya amfoterisin B), ve herpes simpleks virüs (asiklovir veya gansiklovir), toplum kökenli bakteriyel patojenler (vankomisin, seftriakson), ve kolonize olan etkenlere yönelik başlanmalıdır.

Ayrııcı tanıda enfeksiyon dışı nedenlerden kalsinörin inhibitör toksiteleri, PML; lenfoma (PTLH) ve diğer maligniteler akla gelmelidir. Epidemiyolojik maruziyetler de (*Lyme*, *Chagas*) dikkate alınmalıdır (74).

Anahtar kelimeler: Böbrek nakli, immünomodülatör virüsler, fırsatçı enfeksiyonlar

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