

17.

Bölüm

BÖBREK NAKLİ SONRASI KOMPLİKASYONLAR: DİYABET VE OBEZİTE

Müjdat KARA¹

DİYABET

Diyabet Tanımı

Diyabet (DM) pankreasın insülin sekresyonunun mutlak veya göreceli eksikliği sonucu karbonhidrat, protein ve yağ metabolizmasında bozukluklara yol açan, kan glukoz düzeyinin yüksekliği ile seyreden, kronik bir metabolizma hastalığıdır (1,2). Tip 1 DM insülin hormonunun hiç üretilmediği ya da çok az üretildiği tiptir. Genellikle çocuk veya genç erişkin çağda ortaya çıkar. Tüm diyabetiklerin %5-10 kadarını oluştururlar. Tip 2 diyabet daha çok insülin direnciyle karakterizedir. Tedavide oral antidiyabetikler ve bazen insülin de kullanılmaktadır. Tip 2 diyabet en sık görülen diyabet türüdür ve tüm diyabetiklerin %90-95 kadarını oluştururlar (1).

Dünya sağlık örgütü (DSÖ) verilerine göre tüm dünyada toplam 366 milyon diyabetli olduğu ve bu sayının 2030 yılında 552 milyona ulaşacağı öngörülmektedir. Ülkemiz için diyabet sıklığı 2013 yılında yayınlanan TURDEP-II çalışmasına göre %16.5 olarak bildirilmiştir. Tip 2 DM için risk faktörleri Tablo 1' de özetlenmiştir (1,2).

DM kardiyovasküler hastalıklar, son dönem böbrek yetmezliği (SDBY), körlük, nöropatiler ve diyabetik ayak enfeksiyonları gibi ciddi komplikasyonlara yol açabilir.

¹ Doktor Öğretim Görevlisi, Acıbadem Mehmet Ali Aydınlar Üniversitesi Tıp Fakültesi Endokrinoloji ve Metabolizma Hastalıkları BD drmujsat@hotmail.com

tedir. Kilo verdirici etkileri benzer olmasına rağmen diyabet regülasyonu RNY operasyonunda daha başarılıdır (49).

Transplant sonrası cerrahi

Obez RT hastalarında yapılan bariatrik cerrahi operasyonları ile ilgili geniş prospektif çalışmalar azdır. Bu hastalarda hiperoksalüri ve buna bağlı renal tubulus hasarı görülebilmektedir. Bu nedenle bazı merkezler RT hastalarında bariatrik cerrahi için isteksizdir. Bu konuda geniş prospektif çalışmalara ihtiyaç vardır (51).

RT sonrası cerrahinin mortalite ve morbidite açısından RT öncesine göre daha iyi olduğu literatürdeki çalışmalarla desteklenmektedir. LSG sonrası 1. yılda fazla olan kilonun %50-75 kaybına ulaşılabilir. LSG sonrası immusupressif ilaçların emiliminde değişiklik olmamaktadır ve kilo kaybıyla beraber kreatinin ve proteinüri seviyelerinde azalma gözlenmektedir (52).

Gastrik by pass cerrahisi sleve gastrektomiye göre daha invaziv bir operasyon olduğu için RT hastalarında sleve gastrektomi daha çok tercih nedenidir. Cerrahi sonrası demir, folik asit, B12 vitamini, çinko ve D vitamini eksikliği beklenmektedir. D vitamini eksikliği Ca emilimini azaltarak sekonder hiperparatiroidiye katkı sağlar (53). Bu nedenle periyodik olarak laboratuvar takibi yapılmalı ve gerekli replasmanlar sağlanmalıdır. Ayrıca mide reflü problemleri cerrahi sonrası artmaktadır. Bariatrik cerrahi için hasta seçimi çok önemlidir bu nedenle olası komplikasyonlar iyi değerlendirilmelidir.

Anahtar kelimeler: Diyabet, obezite, renal transplant, posttransplant diyabet

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