

5. Bölüm

İMMUNSUPRESİF İLAÇLAR VE TEDAVİ PROTOKOLLERİ

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Son dönem böbrek yetmezliğinin en ideal tedavisi olan renal transplantasyon hem hasta sağkalımını hem de yaşam kalitesini olumlu yönde etkilemektedir. Alıcı organizma tarafından yabancı olarak algılanan organ, doğal ve kazanılmış bağışıklık sisteminde birbiri ile ilişkili birçok mekanizma tarafından elimine edilmeye çalışılır. Bu eliminasyon süreci rejeksiyon olarak adlandırılır. İmmunsupresif tedavinin amacı bu sistemi bloke ederek rejeksiyon gelişmesini önlemektir. 1954 yılında yapılan ilk böbrek nakli sonrasında gelişmeye başlayan immunsupresif tedavilerle birlikte greft sağkalımında iyileşme olmuştur. Tüm böbrek nakli alıcıları transplant böbrek fonksiyonel olduğu sürece immunsupresif tedavi almalıdır. Farklı mekanizmalarla gelişen immünolojik reaksiyonları durdurmak için genellikle böbrek nakli öncesi ve sonrası kombine immunsupresif tedaviler kullanılmaktadır. Bu kombinasyonlar merkezden merkeze farklılık gösterdiği gibi hastadan hastaya da değişiklik göstermektedir. Kombinasyon tedavilerinin amacı hem immunsupresif ilaçların farklı etkilerinden yararlanmak hem ilaçların mümkün olduğunca düşük dozda kullanılmasıyla yan etkilerini azaltmaktır. Kullanılacak ideal immunsupresif ilaç ya da ilaçlar, rejeksiyon gelişimini engellemeli, akut rejeksiyonları tedavi etmeli ve yan etkisi az olmalıdır (1). Bu amaçla kullanılan ilaçlar üç grupta toplanmaktadır.

1. İndüksiyon tedavisinde kullanılan ilaçlar
2. İdame tedavide kullanılan ilaçlar
3. Rejeksiyon tedavisinde kullanılan ilaçlar.

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Bunun dışında tedaviye dirençli olan olgularda bortezumib ve eculizumab kullanımını gündemdedir. Etkileri ve etkinlikleri ile ilgili çalışmalar devam etmektedir (27).

Anahtar kelimeler: böbrek nakli, immunsupresif tedavi, immunsupresif ilaçlar, tedavi protokolleri.

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