

13. BÖLÜM

Genitoüriner Tüberküloz

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Giriş

Tüberküloz (TBC), dünya çapında bulaşıcı hastalıklardan kaynaklanan en yaygın ölüm nedenlerinden biridir (1). Dünya Sağlık Örgütü (DSÖ) Küresel Tüberküloz Raporu 2017 yılında tahminen 10 milyon kişinin (5,8 milyon erkek, 3,2 milyon kadın ve 1 milyon çocuk) TBC geliştirdiğini ve 4 milyon TBC' nin teşhis edilmemiş ve tedavi edilmemiş olarak kaldığını belirtmektedir (2). TBC olan 10 milyon kişinin üçte ikisi sekiz ülkedeydi: Hindistan (%27), Çin (%9), Endonezya (%8), Filipinler (%6), Pakistan (%5), Nijerya (4%), Bangladeş (%4) ve Güney Afrika (%3). Küresel insidansın yalnızca %6' sı DSÖ Avrupa Bölgesi'nde (%3) ve DSÖ Amerika Bölgesi' nde (%3) olmuştur. Genel olarak, 464.633 HIV' li kişide de TBC vardı ve bunların %72' si Afrika' daydı. TBC, tüm ülkelerde ve yaş gruplarında görülür ve %90' ı yetişkinlerde (>15 yaş) rapor edilmiştir. Yaklaşık 558.000 kişi, rifampisine dirençli TBC geliştirmiştir; bunların tahmini 458.000' i çoklu ilaca dirençli TBC' ye (MDR-TBC) sahiptir (rifampisin ve izoniazide direnç) (2). MDR-TBC hastalarının yalnızca %50' si WHO onaylı rejimlerle tedavi sonrasında iyileşmektedir (3,4). TBC vücudun herhangi bir bölümünü etkileyebilir (5,6). 10 milyon yıllık TBC vakasının %5 ile %45' i vücudun tüm organlarını etkileyen akciğer dışı

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Tedavi sırasındaki komplikasyonlar

Antitüberküloz tedavi sırasında üst üriner sistem obstrüksiyonu (UTO) ortaya çıkabilir (114). Antitüberküloz tedavinin ilk birkaç haftasında ortaya çıkabilecek bu durumu saptamak için UTO' nun yan ağrısı, renal kolik, hidronefroz gibi belirti ve semptomları izlenmelidir. İnflamasyon, ardından fibrozis ve toplayıcı sistemin tıkanmasından kaynaklanır (111). Üreteral darlıklar, tedaviden önceki hastalık sürecinden kaynaklanabilir, ancak skar ve ardından lümen daralması tedavi sırasında da oluşabilir (115). Bu genellikle tedavinin ilk iki ayında ortaya çıkar (116). Kapasitesi azalmış mesane duvarının fibrozisi hastaların %9' unda görülür (111). Ciddi ve ihmal edilmiş vakalarda kontrakte mesane bile gelişebilir (117).

Komplikasyonların tedavisi

Obstrüksiyon ve kontraksiyonlar cerrahi rekonstrüksiyon gerektirebilir (117). Bazı raporlar, büyük bir Hindistan kohortunda UGTBC' li erkek vakaların %32' sine kadar çok sık cerrahi ihtiyacı olduğunu göstermektedir (100). Üriner obstrüksiyon ortaya çıktığında, anti-tüberküloz tedavi her zaman yeterli değildir ve rekonstrüktif cerrahi gerekebilir (115). Tüm cerrahi müdahaleler, medikal tedavi ile beraber gerçekleştirilmelidir. Özellikle minör darlıklarda prednisolon 50 mg başlanıp hafta içinde azaltılarak kesilebilir. Kortikosteroidlerle tamamlayıcı tedavi UGTBC' de rutin olarak önerilmemektedir, ancak hasta etkili tedavi gördükten sonra kortikosteroid eklenmesinden korkmak için bir neden yoktur (118). Pulmoner TBC' de bile kortikosteroid kullanımı dissemine hastalık riskini arttırmamaktadır (119).

Kaynakça

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