15. BÖLÜM

AIDS ve HIV Enfeksiyonunun Ürolojik Yönleri

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Giriş

HIV, vücudun enfeksiyona karşı ana hücresel savunma mekanizmasında rol alan yardımcı T hücrelerini öldüren bir retrovirüstür (1,2). HIV, kan, meni ve beyin omurilik sıvısı ile temas yoluyla yayılır. Düşük konsantrasyonlar da gözyaşı, tükürük, anne sütü, idrar, servikal ve vajinal sekresyonlarda bulunur. HIV virüsü ayrıca beyin dokusundan, lenf düğümlerinden, kemik iliği hücrelerinden ve deriden izole edilmiştir (3,4). Hem viral yük hem de CD4 T hücre sayısı, HIV enfeksiyonunun AIDS'e ilerlemesini izlemek ve prognostik açıdan değerlendirmek için güvenilir bir şekilde kullanılır.

AIDS'in 1981'de ve HIV'in 1986'da tanımlanmasından bu yana, HIV dünya çapında milyonlarca insanı etkilemiştir. Bununla birlikte, 1990'ların ortalarında çok aktif antiretroviral tedavinin (HAART) uygulamaya konulması, hastalığı neredeyse her zaman ölümcül bir durumdan ilaçla etkili bir şekilde kontrol edilebilen kronik bir hastalığa dönüştürdü. Birçok çalışma da böbrek fonksiyon bozukluğu, idrar yolu enfeksiyonu, ürogenital tüberküloz, prostatit, prostat apsesi, epididimo-orşit, ürolojik maligniteler, cinsel işlev bozukluğu ve infertilite gibi ürolojik komplikasyonların HIV ve AIDS'in ilk klinik belirtileri olabildiğini ortaya koymuş-

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sürede, en az 48 saat içinde başlatılması ve 4 hafta boyunca sürdürülmesi önerilir (93). Sağlık çalışanları, potansiyel advers olaylar hakkında bilgilendirilmelidir. PEP, HIV serokonversiyonunu önlemede %100 etkili değildir. PEP'in yan etkileri hafif (örneğin mide bulantısı, yorgunluk, baş ağrısı ve ishal) veya şiddetli (nötropeni, laktik asidoz, panreatit ve karaciğer yetmezliği gibi) olabilir (93).

Tüm sağlık uzmanları, el yıkama, koruyucu bariyer kullanımı ve iğnelerin ve keskin aletlerin kullanımında ve imhasında özen gösterilmesi dahil olmak üzere standart önlemlere uymalıdır. Cerrahlara HIV bulaşma riski, HIV prevalansının yüksek olduğu ve ART kullanımının sınırlı olduğu Afrika'da en yüksektir ve buralarda evrensel önlemleri uygulama olanakları genellikle mevcut değildir (94). Son yirmi yılda, HIV veya AIDS'li hastalarda operatif mortalite, morbiditede eşlik eden bir azalma ile birlikte %85'ten yaklaşık %15'e düşmüştür (91, 95). Bu hastalarda operasyon planlanıyorsa öncelikle akılda tutulması gereken parametreler; ART, BVL'yi <30.000 kopya / ml'ye bastırmak için cerrahi komplikasyon riskini azaltır ve CD4 sayısı 200 hücre / cc3'ten fazla veya BVL <10.000 kopya / ml olan hastalarda postoperatif komplikasyon riski, genel popülasyonunkine benzerdir (96).

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