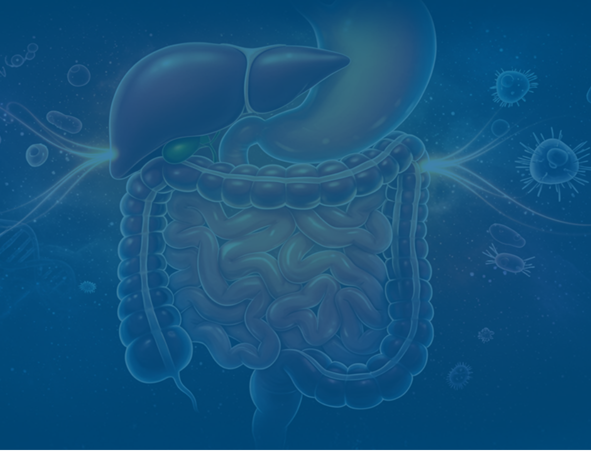

BÖLÜM 143

ENDOKRİNOLOJİK HASTALIKLARDA GASTROİNTESTİNAL TUTULUM

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GİRİŞ

Endokrinolojik hastalıklar toplumda çok sık görülmekte, endokrin hastalık ve tutulan organlara göre farklı bulgularla karşımıza çıkabilmektedir. Diyabetik hastalarda gastrointestinal sistem tutulumu diyabetin süresi, kontrol durumu ve gelişen komplikasyonlarlarla ilişkilidir. Bu komplikasyonların gelişmemesi diyabetin regülasyonu ile mümkündür. Eğer komplikasyonlar gelişmişse tanının erken konulması ve tedavinin uygun şekilde verilmesi gerekmektedir. Tiroid ve pankreasın endokrin hastalıkları çok sık gastarointestinal sistem bulguları ile beraberdir. Bu semptomlar nonspesifik olduğu için tanı konulmasında yüksek şüphe gerekmektedir. Tanı konulduktan sonra ilaç ve/veya cerrahi tedavi uygulanmaktadır. Bu bölümde sık görülen endokrin hastalıklarda gelişen gastrointestinal bulguları değerlendirdik.

DİYABETES MELLİTUS

2021 yılında 537 milyon kişinin diyabet hastası olduğu tahmin edilirken, bu sayının 2030 yılında 643 milyona, 2045 yılında ise 783 milyona ulaştığı öngörülmektedir. Ayrıca 2021 yılında 541 milyon kişinin bozulmuş glukoz toleransına sahip olduğu tahmin edilmektedir. 2021 yılında 20-79 yaş arası 6,7 milyondan fazla kişinin diyabete bağlı nedenlerden öleceği düşünülürken 2021 yılında 1,2 milyondan fazla çocuk ve ergen tip 1 diyabet hastası olacaktır (1). Gastrointestinal(Gİ) semptomlar, yetersiz glisemik kontrol ve diyabetin diğer komplikasyonları olan hastalarda daha sık görülmektedir. Tip 1 ve Tip2 diyabeti olanların ortalama dörtte birinde erken doyma, yemekten sonra tokluk hissi, karın şişkinliği, mide bulantısı, kusma ve karın ağrısı gibi gastrointestinal semptomlar tanımlamaktadır (2). Olmsted County, Minnesota'da yapılan çalışmada, üst veya alt (irritabl bağırsak sendromu, kabızlık ve fekal inkontinans) Gİ semptomlarının prevalansı, tip 1 veya tip 2 diyabetli bireyler ile yaş uyumlu kontroller arasında önemli fark bulunmamıştır (3). Bu semptolar genellikler nöropatiye bağlıdır. Vagal nöropatiye bağlı antral hipomotilite ve/veya pilorospazm mide boşalması (MB)'nı geciktirebilir (4). Diyabette hızlı MB'nın mekanizmaları tam anlaşılamamıştır anlaşılmıştır ancak vagal nöropatiden kaynaklanan bozulmuş gastrik akomodasyona bağlı olabilir (5). Artmış motiliteden ziyade azalmış motilite ile karakterize olan ince bağırsak dismotilitesi (6) de diyabette gastrik staza katkıda bulunabilir.

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1 görülme sıklığı mevcuttur. Hipomelanotik maküller, anjiyofibromlar, hamartomlar ve nörolojik bozukluklarla kendini gösterir (137,138). TSC1 ve TSC2 proteinleri, PI3K-mTOR yolak aktivitesi ve insülin reseptör sinyalizasyonundaki rolleri aracılığıyla hücre çoğalmasını kontrol eder (137).

TSC'ye bağlı olarak pNET'lerin gelişimi, diğer ailevi sendromlara göre daha az sıklıkta görülür ve çoğunluğu non-fonksiyone pNET'lerdir (135,137). Nadir TSC vakalarında hastalarda fonksiyonel pNET'ler, özellikle insülinomalar ve gastrinomalar gelişebilir (141). Ancak TSC'li hastalarda nöroendokrin tümörler (NET'ler) hakkında sınırlı kanıt vardır ve kılavuzlarda NET'lerin rutin taraması önerilmemektedir (142).

SONUÇ

Endokrin hastalıklarında gastrointestinal tutulumlar oldukça sık görülmektedir. Bu semptomların önlenmesi ve tedavisinde altta yatan endokrin bozukluğun erken tanı ve tedavisi ana hedef olmalıdır.

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