BÖLÜM 142

ROMATOLOJİK HASTALIKLARDA GASTROİNTESTİNAL SİSTEM BULGULARI

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BAĞ DOKU HASTALIKLARININ GASTROİNTESTİNAL SİSTEM BULGULARI

Sistemik Lupus Eritematozus ve Gastrointestinal Tutulum

Giriş

Sistemik Lupus eritematozus (SLE) kronik, otoimmün, multisistemik tutulum yapan ve farklı oto-antikorların üretimi ile karakterize olan bir hastalıktır. Türkiye'de prevalansı 100.000'de 51,7 olup (1), kadın/erkek oranı 9:1 olarak gösterilmiştir (2, 3). Yaşamsal öneme sahip her organı etkileyebilir, gastrointestinal sistem tutulumu da bunlar arasındadır; ancak sık tutulum eğilimi gösterdiği yerler arasında kutanöz, renal, kas-iskelet, kardiovasküler, hematolojik ve nörolojik sistem yer alır.

Gastrointestinal sistem tutulumu hemen her yaşta olabilirken, genellikle genç kadınlarda görülme eğilimindedir. Hastalar çoğunlukla asemptomatik ya da spesifik olmayan semptomlara sahip olduklarından tanıda gecikme ile ve ilerlemiş hastalık bulguları ile karşımıza çıkabilirler (4). Gastrointestinal sistem tutulumu sanılanın aksine yaygın görülen bir tutulum şekli iken, majör organların tutulumunun çoğu zaman gölgesinde kalmaktadır. Oysa gastrointestinal sistem tutulumu ağızdan anüse kadar her bölgeyi etkileyebilir, oral tutuluma bağlı şikayetler genellikle en sık klinik yakınma oluştururken; karın ağrısı, diyare, kusma gibi durumlar genellikle daha ciddi komplikasyonlarla ilişkilidir. Özellikle lupus ilişkili durumlardan; psödo-obstrüksiyon sendromu, lupus mezenter vasküliti gibi hızlı tanı konmadığında mortal sonuçlara neden olabilen durumların akılda tutulmasını zorunlu kılar.

Hastaların tanı koyma aşamasında ilaç yan etkisi ya da enfeksiyöz tutulumlardan ayırt edilmesi önem taşımaktadır. Karaciğerde tipik olarak gözlenebilen, lupus hepatiti ya da otoimmün hepatit birlikteliğine de her zaman tanı koymak kolay değildir. Özellikle karaciğer enzim bozukluğu olan hastalarda, spesifik tedavi ihtiyacı olabileceğinden otoimmün hepatit konusunda erken dönemde spesifik biyobelirteçleri istemek tanı ve tedavi yönetimi için önemlidir. Sonraki bölümlerde SLE ve gastrointestinal tutulum ilişkisi detaylı olarak tartışılacaktır.

Oral Ülser ve Lupus

Ağrısız, üst damakta yerleşme eğilimi gösterip, kompleman düzeyinden ya da antikor düzeyin-

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boratuvarda karaciğer enzim anormallikleri ve de daha ciddi vakalarda görüntüleme yöntemleri ile gastrointestinal perforasyon saptanabilir (188-190). Gastrointestinal perforasyon geliştiğinde klinikte mide bulantısı, dispeptik yakınmalar sık olup ileri yaş, divertikül öyküsü olanlarda bu komplikasyonların görülme sıklığı artmaktadır, bu grup hastalarda sakınılması gerekir (191,192). Hastaların tedavi öncesi aktif enfeksiyon açısından titizlikle taranması ve gastrointestinal semptomlar için sorgulanması önerilir (193).

Rituksimab

Anti-CD 2O monoklonal antikoru olan ritüksimab, günümüzde romatoloji pratiği haricinde malignite gibi birçok durumda kullanılır. B lenfositlerinin matürasyonunda ve plazma hücresine dönüşüm sürecinde görev alır. Rituksimab aracılığıyla bu dönüşüm bloke edildiğinde ise B hücre matürasyon süreci bloke edilmiş olur (194). Tedaviye başlamadan önce tam kan sayımı, böbrek ve karaciğer fonksiyonları gözden geçirilmelidir. HBV, HCV ve HIV serolojik testleri de mutlaka bakılmalıdır. Hastaların Hepatit B için, HBsAg ve anti-HBc ile tedavi öncesi taranması ve reaktivasyon riskini azaltmak için gerekli olgularda antiviral profilaksi altında tedavi verilmesi önerilmektedir (195). Ayrıca serum immunglobulinleri de bazal değer olarak gözden geçirilmelidir (196).

JAK inhibitörleri

Tofacitinib, baricitinib, upadacitinib bu gruptan olup, upadacitinib JAK-1'i, tofacitinib JAK-1 ve 3'ü, daha az olarak da JAK-2'yi; baricitinib ise JAK-1-2'yi inhibe eder. Yan etki olarak artmış üst solunum yolu enfeksiyonları, diyare, dislipidemi ve hipertansiyon yan etkileri görülebilir (197). Nadiren hastaların, divertikülit öyküsü varsa, artmış perforasyon riski vardır ve bu grup ilaçlardan sakınılması önerilir (198). Laboratuvarda tam kan sayımı, karaciğer enzimleri, hepatit B ve C ile tüberküloz ve dislipidemi açısından değerlendirilebilir (199-201).

SONUÇ

Tedaviye yeni giren ilaçlarla romatoloji pratiği farklı bir boyut kazanmış olsa da hem yan etki profilleri hem de takip parametreleri ile yakın izlem gerektirmektedir.

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