

ENDOSKOPIK REFLÜ VE BARIATRİK- METABOLİK TEDAVİLER

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GİRİŞ

Gastroözofageal reflü ve obezite değişen yaşam koşullarının da etkisi ile günümüzde yaygın görülen ve sıklığı gittikçe artan sağlık sorunlarından biri haline gelmiştir. Her iki hastalıkta da medikal tedaviler non-invaziv olmakla beraber sınırlı etkinliğe sahiptir. İnvazif cerrahi yaklaşımlar ise sonuçları ciddi olabilen komplikasyonlara neden olabilmektedir. Yeni geliştirilen endoskopik tedaviler yüz güldürücü sonuçları ile umut vaat etmektedir.

Bu bölümde reflü ve obezite tedavisinde kullanılan endoskopik tedavi yöntemleri anlatılacaktır.

ENDOSKOPIK REFLÜ TEDAVİSİ

Gastroözofageal Reflü Hastalığı (GÖRH), fizyolojik bir olay olan gastroözofageal reflünün semptom ve/veya komplikasyonlara yol açacak düzeyde artması sonucu ortaya çıkan, temel medikal tedavisinde proton pompa inhibitörlerinin (PPI) ve diyet modifikasyonunun olduğu dünyadaki en yaygın gastrointestinal patolojilerden biridir (1). Yaşam tarzı değişiklikleri ve PPI ile birlikte hastaların yalnızca %50-60 civarında yanıt alınabilmektedir. Bunun sebebi bu tedavinin temelde yalnızca

asit supresyonunu hedeflemesinden kaynaklanmaktadır. Ancak bakıldığında GÖRH birçok farklı fizyopatoloji ile ortaya çıkmaktadır (2):

- » Alt özofagus sfinkterinin disfonksiyonu: Dinlenim sırasındaki bazal basıncın düşüklüğü, yutmadan bağımsız olarak sfinkterin uygunsuz geçici gevşemeleri ve bazen de özofago-gastrik bileşkenin anatomik değişiklikleri (ör. Hiatal herni) en temel GÖRH sebebidir.
- » Koruyucu faktörlerin dengesi: Anti-reflü bariyer, özofageal asit klirensi veya doku rezistansının bozulması.
- » Agresif faktörler: Gastrik asidite, volüm ve duodenal içeriğin artması (3).

PPI yanıtı sızlığı ve/veya parsiyel yanıt, uzun dönem PPI kullanımı sonucu ortaya çıkan advers etkiler veya tercihen kullanmak istemeyen hastalar nedeni ile cerrahi tedavileri gündeme getirmiştir. Bu cerrahi tedaviler mide fundusunun farklı şekillerde (Nissen 360 derece, Toupet posterior 270 derece, Dor anterior 200 derece ve Watson 180 derece parsiyel anterior fundal katlama) alt özofagus sfinkteri çevresine sarılarak yapılan yöntemleri içerir. Modern tıptaki diğer tüm alanlarda olduğu gibi anti-reflü tedavide de cerrahinin yerine daha minimal invaziv olması nedeni ile özellikle

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Genel olarak, EBMT'ler obezite ve ilgili komorbiditelerin yönetimi için büyük bir potansiyele sahiptir. Yenilikçi tekniklerin benimsenmesi, multidisipliner yaklaşımların geliştirilmesi ve kanıta dayalı kılavuzların izlenmesiyle endoskopistler, obezite tedavisinin geleceğini şekillendirmede önemli bir rol oynayabilir. Obezite patofizyolojisi ve tedavi yanıtları üzerine yapılan araştırmalar devam ederken, EBMT'ler bu küresel sağlık sorununa kapsamı ve kişiselleştirilmiş bir yaklaşım sunmada çok önemli bir bileşen haline gelebilir.

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