

KOLONUN DİĞER HASTALIKLARI

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KATARTİK KOLON, LAKSATİF KULLANIMI VE FAKTİSİYÖZ DİYARE

Katartik kolon, stimulan laksatiflerin uzun süreli kullanımına bağlı olarak gelişen nadir, ciddi fakat geri dönüşebilir bir belirtidir(1). Bisakodil, senna, kaskara gibi uyarıcı özellikleriyle motiliteyi artırarak laksatif etki gösteren bu ajanlar uzun süreli kullanıma bağlı olarak nöronal hasar veya kas hasarı neticesinde haustra kaybına yol açmaktadır(2). Günümüzde bu ajanların uzun süreli kullanımının kısıtlanması neticesinde katartik kolon vakaları ile güncel pratikte karşılaşmamamıza rağmen laksatif kullanımına bağlı advers etkiler karşımıza sıklıkla çıkmaktadır.

Kolorektal mukozada kahverengi-siyah pigmentasyonla daha yaygın olarak görülen bir tablo olan melanozis koli yaşam tarzı, bağırsak işlevleri, laksatif kullanımı gibi birçok çevresel faktöre bağlı oluşabilen geri dönüşebilir bir durumdur (3). Etiyolojisi net olarak belirlenememekle birlikte antra-kinon laksatiflerin (senna, kaskara, vb.) kullanımı ile belirgin bir korelasyon göstermektedir. Ayrıca, inflamatuvar bağırsak hastalıklarında da görülebil-

diği ifade edilmiştir(4); hatta hayvan deneylerinde yüksek sülfat içerikli su kullanımıyla da gelişebildiği saptanmıştır(5). İlk olarak 1830 yılında Antral ve Cruveilhier tarafından tanımlanan bu olgularda kolonda lamina propria tabakasında lipofusin birikiminin yol açtığı apoptoz ve hücre ölümü neticesinde koyu renk pigmentasyonun gerçekleştiği öne sürülmüştür(6). Melanozis koli ile kolorektal kanser veya adenom gelişimi arasındaki ilişki uzun süre tartışma konusu olmuştur. Adenomlarda pigment içeren makrofajların bulunmaması ve bu farkın oluşturduğu kontrast sonucu adenom saptama oranının arttığı ileri sürülmüştür(7); ek olarak yapılan bazı çalışmalarda melanozis kolinin poliplerin histolojik progresyonuyla ilişkisiz olduğu belirtilmiş ve tümör dokusu içinde melanozis saptanmamıştır(8, 9). Güncel pratikte melanozis koli ile kolorektal kanser gelişimi arasında bir ilişki olmadığı düşünülmektedir(10, 11). Melanozisin onkojenik etkiden ziyade kronik kolon ve bağırsak mukozası hasarı göstergesi olduğu ve distal ileal ülserlere yol açabildiği başka bir çalışmada gösterilmiştir (12). Resim 1'de melanozis koliye ait görünüm izlenmektedir.

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müştür; asıl amaç altta yatan patolojinin ortadan kaldırılması olmalıdır. Eğer semptomlar belirginse abdominal dekompresyon, oral alımın kapatılarak bağırsakların dinlendirilmesi, parenteral beslenme, sıvı ve elektrolit takviyesinden oluşan konservatif tedaviler yeterlidir(106). Rutin antibiyotik kullanımı konusunda görüş birliği yoktur, metronidazolün verilebileceğine dair bildiriler de mevcuttur(113). Geniş çaplı çalışmalar bulunmasa da yüksek basınçlı oksijen tedavisiyle de kistlerin küçülebildiği bildirilmiştir. Oksijenin gaz üreten anaerobik bakterilere olan toksisitesi ve venöz kanda oksijen basıncının artarak diğer gazların basıncının düşmesi neticesinde gradyan oluşturarak gazların kist duvarından dışarı difüzyonunu sağladığı düşünülmektedir(114, 115). Pnömozis koli tablosunda peritonit bulguları, metabolik asidoz, laktat yüksekliği veya portal vende hava saptandığında ise cerrahi laparotomi endikedir(116, 117).

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