

EKSTRAİNTESTİNAL TUTULUMLAR

Mustafa HARI¹ - Banu KARA²

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GENEL BİLGİLER

İnflamatuvar Bağırsak Hastalıkları (İBH) tanısı alan hastaların yaklaşık %10'da ilk başvuruda Ekstraintestinal tutulum (EİT) izlenirken, yaklaşık %50'de yaşamları boyunca en az bir EİT gelişebilir (1). Hastaların üçte birinde birden fazla EİT görülebilmektedir. EİT, Crohn hastalığında (CH) %55, Ülseratif kolitide (ÜK) %35 sıklıkta görülmektedir (2). En sık görülen EİT artrit şeklinde görülür. Sıklık sırasına göre diğer EİT'ler stomatit, üveit, eritema nodosum (EN) ve aksiyel spondiloartropati şeklinde sıralanabilir (3). EİT görülme insidansı hastalık süresi uzadıkça artmaktadır. Kümülatif insidansı 1, 5 ve 15 yıllık hastalık süresinden sonra % 9, % 19 ve % 29 olarak bildirilmiştir (4). EİT varlığı için klinik risk faktörleri: Kadın cinsiyet; CH; ileri yaş; uzun hastalık süresi; CH'da kolon tutulumu; ÜK'da ekstensiv tutulum; İBH şiddetini baskılamak için steroid, immunomodülatör, biyolojik tedavi ihtiyacı duyulması; apendektomi; İBH majör cerrahisi geçirme; sigara kullanımı;

İBH olan ailelerde EİT varlığı, olarak çalışmalarda belirtilmektedir (3,5,6).

EİT altta yatan bağırsak hastalığından daha fazla morbidite ve mortaliteye neden olarak hastanın hayat kalitesini İBH'dan daha fazla etkileyebilmektedir (7).

Periferik artrit, oral aftöz ülserler, episklerit veya EN gibi bazı EİT'ler sıklıkla aktif bağırsak inflamasyonu ile ilişkilidir ve genellikle bağırsak aktivitesinin tedavisi ile iyileşir. Üveit veya ankilozan spondilit (AS) gibi diğer EİT'ler genellikle intestinal inflamatuvar aktiviteden bağımsız olarak ortaya çıkar. Piyoderma gangrenozum ve PSK gibi çok nadir olmayan diğer EİT'lerin altta yatan İBH aktivitesi ile ilişkisi belirsizdir (2).

İBH'da ekstraintestinal tutulumlar; inflamatuvar patolojinin uzak organlarda görüldüğü klasik EİT, sistemik inflamasyon ve tedavi ilişkili görülen EİT veya İBH hastalarına eşlik eden ancak patogenezi tam bilinmeyen EİT olarak sınıflandırılabilir (Tablo-1) (8).

¹ Uzm. Dr., Adana Şehir Hastanesi, Gastroenteroloji Kliniği, Gastroenteroloji Yandal Asistanı, mustafa_hari@hotmail.com, ORCID iD: 0000-0002-2314-2103

² Prof. Dr., Sağlık Bilimleri Üniversitesi, Adana Şehir Eğitim ve Araştırma Hastanesi, Gastroenteroloji Kliniği, banu.banu97@gmail.com, ORCID: 0000-0003-4278-6593

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