

DİĞER İNFLAMATUAR KOLİTLER

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GİRİŞ

İnflamatuvar bağırsak hastalığı (İBH) ve enfeksiyöz kolitler dışında klinik, endoskopik ve histopatolojik özellikleriyle ayırt edilebilen, kolonun çeşitli inflamatuvar hastalıkları, diğer inflamatuvar kolitler başlığı altında değerlendirilebilir. Bu grupta mikroskobik kolit (lenfositik kolit ve kollajenöz kolit), eozinofilik kolit, ilaca bağlı kolit, divertikül ilişkili segmenter kolit, soliter rektal ülser sendromu, radyasyon koliti, diversiyon koliti, intestinal Behçet Hastalığı ve iskemik kolit yer almaktadır. Hem İBH ve enfeksiyöz kolitin dışlanması hem de tanı konulabilmesi için kolonoskopik mukozal biyopsi gerekmektedir. Prognoz ve tedavi yanıtı değişkendir. Bu hastalıklarının etyopatogenezi net olarak bilinmemektedir ve bu konuda epidemiyolojik veriler oldukça sınırlıdır (1). İskemik kolite bölüm 56'da detaylı olarak yer verilmiştir. Bu bölümde diğer inflamatuvar kolitlerle ilgili güncel bilgiler paylaşılacaktır.

MİKROSKOBİK KOLİT

Mikroskobik kolit (MK) kronik veya aralıklı, sulu diyare öyküsü, endoskopik değerlendirmede normal/normale yakın kolon bulguları ve farklı his-

topatolojik değişiklikler ile karakterize, özellikle yaşlı popülasyonda görülen ve yaşam kalitesini olumsuz yönde etkileyebilen kronik inflamatuvar bağırsak hastalığıdır (2-4). Kesin tanı kolonoskopik incelemeyle alınan biyopsilerin histopatolojik incelemesi ile konur. Histopatolojik olarak iki ana alt tipi vardır; lenfositik kolit (LK) ve kollajenöz kolit (KK). Ayrıca inkomplet mikroskobik kolit (MKi) formu da tanımlanmıştır (2).

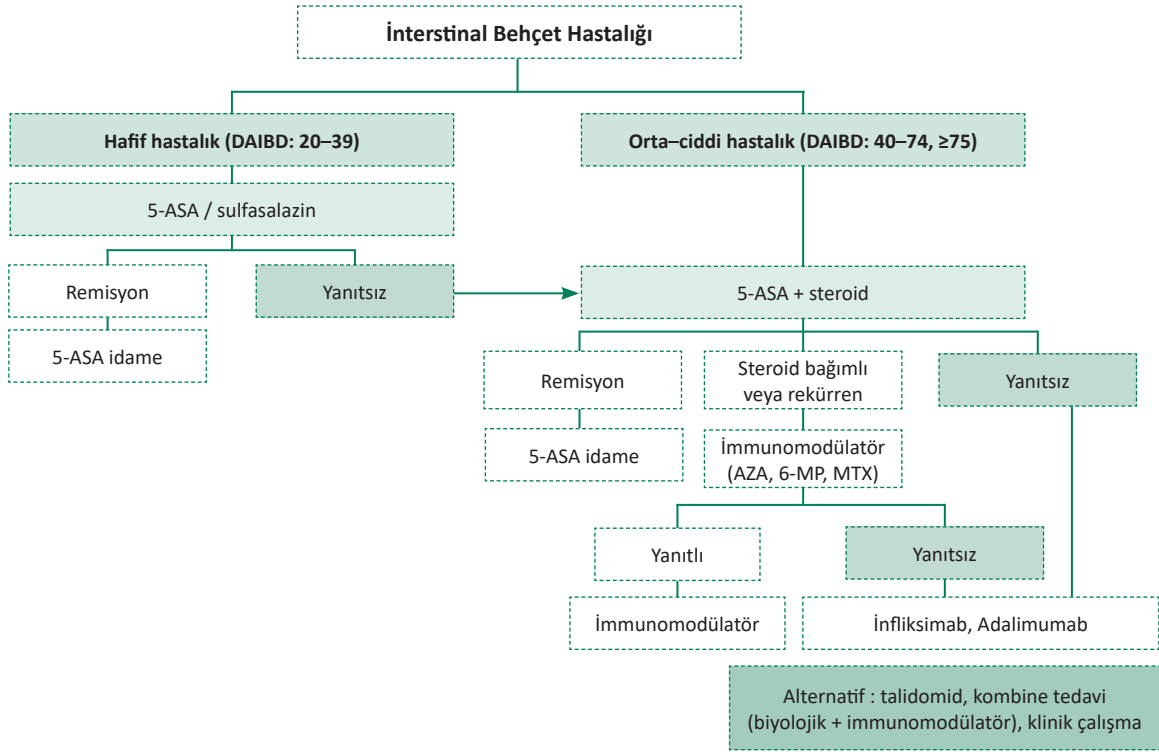
İnsidans: MK'nin insidansı net olarak bilinmemektedir; farkındalığın artmasıyla son zamanlarda yapılan çalışmalarda MK sıklığının giderek daha yüksek saptandığı görülmüştür. MK sıklığının 100.000'de 11.4 olduğu tahmin edilmektedir (Alt tiplerin insidansı 100.000 sırasıyla KK için 0.6-16.4; LK için 0.6-16.0) (5,6). MK tanısında ortalama yaş 60-65'tir (6-8) ve kadınlarda 9 kat daha sık görülmektedir. LK ile karşılaştırıldığında KK'de kadın üstünlüğü daha belirgindir (Kadın/erkek oranı sırasıyla 1.9 ve 3.0 olarak bildirilmiştir) (9).

İlişkili durumlar ve risk faktörleri (4,5,8,10):

- » Sigara MK riskini yaklaşık 5 kata kadar artırır; LK'den ziyade KK riskini daha fazla artırır.
- » İlaçlar [proton pompa inhibitörleri (PPI), steroid olmayan antiinflamatuvar ilaçlar (NSAİİ), selektif serotonin gerialım inhibitörleri (SSRI)]

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Şekil 3. İntestinal Behçet Hastalığı tedavi algoritması (63).

5-ASA, 5-aminosalisilik asit; 6-MP, 6-merkaptopürin; AZA, azatioprin DAIBD, Disease Activity Index of intestinal Behçet's disease; MTX, metotreksat.

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