BÖLÜM 54

ÜLSERATİF KOLİT

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DOI: 10.37609/akya.3785.c267

EPİDEMİYOLOJİ

İnflamatuvar bağırsak hastalıkları (İBH) bağırsağın immün aracılı gerçekleşen ilerleyici bağırsak hasarına neden olabilen ve klinikte alevlenme ve remisyonlarla seyreden kronik yangısal hastalıklarıdır. Hayat kalitesi üzerine etkisi ve ciddi morbiditelere yola açabilmesi (darlık, kanama, kanser vb) nedeniyle sağlık sistemleri üzerinde ciddi yük oluşturmaktadır. Biyolojik ajanların giderek kullanımının artması da ciddi maliyet artışına neden olmaktadır. Ülseratif kolit (ÜK) ve Crohn hastalığı (CH) iki ana alt tipi olmakla birlikte %10 kadar hastada endoskopik ve görüntüleme yöntemleriyle ayırıcı tanı yapılamaz, bu hastalar "sınıflanmamış kolit" olarak adlandırılır. Tanı konduğu halde ilk 2 yıl içinde de tanı değişikliği olabilmektedir. Çok eski dönemlere kadar tarihi belgelerde kanama ve ishal ile giden bağırsak hastalıkları tanımlanmış olmakla birlikte tıbbi literatürde ÜK ilk olarak 1859'da Sir Samuel Wilks tarafından tanımlanmışken (1) CH 1932'te Burrill Bernard Crohn, Leon Ginzburg ve Gordon Oppenheimer tarafından yazılan bir makalede tanımlanmıştır (2).

İBH en sık Kuzey yarımkürede özellikle de Kuzey Avrupa, Birleşik Krallık, Kuzey Amerika'da görülür. Kuzey-Güney ülkelerindeki görülme sıklığındaki farklılığın güneş ışığına Kuzey ülkelerinde daha az maruz kalınmasına bağlı olduğu değerlendirilmektedir. Aslında İBH epidemiyolojisi incelendiğinde 3 farklı alandan bahsedilebilir: 1) Batı toplumları 2) yeni sanayileşmiş ülkeler 3) gelişmekte olan ülkeler. Batı toplumlarında hastalığın görülme sıklığındaki artış stabilize olmuşken bu hastalarda mortalite toplum ortalamasından çok farklı olmadığı için ve İBH genellikle genç yaşta tanı aldığı için 2030'da bazı ülkelerde prevalans oranlarının %1'e yükseleceği şeklinde projeksiyonlar yapılmaktadır (3). Bu da Batı ülkelerinde İBH olanların 10 milyonu geçeceği anlamına gelmektedir (4). 2019'da yapılmış olan bir analizde en yüksek prevalans oranları Amerika ve Çin'de rapor edilmiştir (5). Bir Kanada çalışmasında görülme sıklığının 30/ 100 000 olarak sabitleştiği görülmektedir (6). Ancak aynı çalışmada İBH vakalarının yaşlanması ve artan ileri yaş İBH tanıları nedeniyle 65 yaş üzeri 85 kişide 1 İBH görüldüğü ve bu oranın 2008'te 1/154 olduğu rapor edilmiştir. Omlsted County, Minesota'da yapılan toplum bazlı çalışmalarda 1965 yılında CH prevalansı 28/100 000 ÜK için 117/100 000 iken 2011'de İBH genel prevalans oranı 533/100000 olarak rapor edilmiştir (4, 7). Yeni Zelanda ve Avustralya'da da sık görülme oranları bildirilmektedir. Ancak Batı ülkelerinde

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