BÖLÜM 50

WHİPPLE HASTALIĞI

Ümüt ÇELİK [1] - Feyzullah UÇMAK [2]

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GİRİŞ

Whipple hastalığı (WH), gram pozitif bir basil olan *Tropheryma whipplei*'nin neden olduğu kronik sistemik bir enfeksiyondur. Yaygın olarak ince bağırsak mukozası etkilenir ancak eklemler, merkezi sinir sistemi (MSS) ve kalp dahil olmak üzere çeşitli organlar etkilenebilir (1). İlk kez 1907'de George Hoyt Whipple tarafından bağırsak lipodistrofisi olarak tanımlanmıştır (2). Hastalığın etkeni, 2000'li yıllarda kültürde izole edilerek *T. whippelii* olarak adlandırılmıştır (3). Epidemiyolojik ve moleküler tekniklerdeki ilerlemeler, T.whipplei'nin oldukça yaygın ve her yerde bulunan bir bakteri halde hastalık nadir görülmektedir (1,4,5). Sıklıkla ellili yaşlarda tanı alan hastaların büyük çoğunluğu erkektir (5). Patogeneziyle ilgili hala birçok açık soru vardır. Yaygın bir bakteri olmasına rağmen hastalığın nadir görülmesi konak immünolojik faktörlerinin hastalığa duyarlılığı etkilediğini düşündürmektedir (1,4). Kilo kaybı, ishal, malabsorbsiyon, ateş, artralji, cilt hiperpigmentasyonu ve demansı içeren çok değişken klinik semptom ve bulgulara sahiptir. Antibiyotik öncesi dönemde ölümcül olabilen WH'ı, günümüzdeki antibiyotiklerle etkili bir şekilde tedavi edilip klinik remisyon sağlanmaktadır (1).

EPİDEMİYOLOJİ

WH, nadir görülen bir hastalıktır. Hastalık sıklıkla beyaz ırkı ve erkek cinsiyeti etkilemektedir. Hastalık çocuk ve genç erişkinlerde nerdeyse hiç görülmezken hastaların büyük çoğunluğu 40 yaşın üstünde tanı almaktadır (6). İnsidansının 1/1.000.000'den az olduğu öngörülmektedir (1). Literatürde bildirilen vakaların coğrafik dağılımına bakıldığında ağırlıklı olarak Kuzey Amerika ve Avrupa kıtası etkilenmektedir (6). Hastalığın bulaş yolu bilinmemekle birlikte epidemiyolojik analiz sonuçları açık havada çalışan, hayvanlarla veya toprakla sık temas eden meslek gruplarının (çiftçiler ve inşaat işçileri) hastalığa daha fazla maruz kaldığını desteklemektedir (7).

MİKROBİYOLOJİ VE GENOMİK

WH ile ilişkili bakteriyi kültürde üretmek için yapılan birçok başarısız denemeden sonra, 2000 yılında, insan fibroblastları ile ortak kültürde enfekte kalp kapakçık dokusu kullanılarak *T. whipplei* başarılı bir şekilde çoğaltıldı (8). Enfekte kalp kapakçıkları, duodenal biyopsi örnekleri, oküler vitreus sıvısı, beyin omurilik sıvısı (BOS), sinovyal sıvı, kan, mezenterik lenf nodu dokusu, kas doku-

[1] Uzm. Dr., Sağlık Bilimleri Üniversitesi, Çam ve Sakura Şehir Hastanesi, Gastroenteroloji Kliniği, enusta1978@gmail.com, ORCID iD: 0000-0002-5874-2969

[2] Doç. Dr., Dicle Üniversitesi, Tıp Fakültesi, İç Hastalıkları AD., Gastroenteroloji BD., ucmakfeyz@gmail.com, ORCID iD: 0000-0002-2677-3971

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