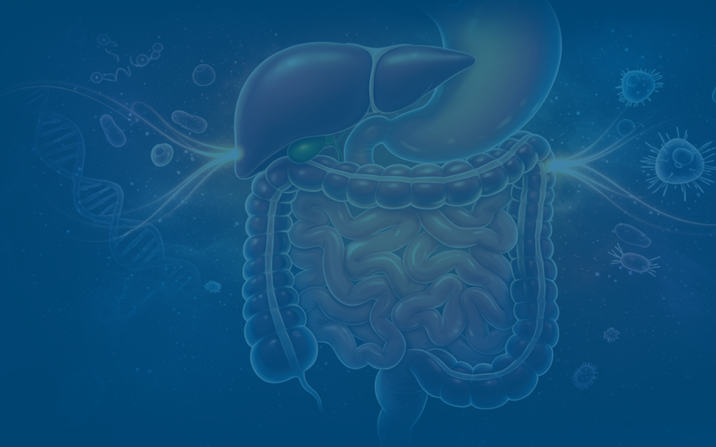


EOZİNOFİLİK ÖZOFAJİT



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DOI: 10.37609/akya.3785.c232

GİRİŞ

Eozinofilik özofajit (EoE); özofagus mukozasının eozinofil yoğunluklu inflamasyonu ve özofageal semptomlarla ilerleyen, immun aracılı, kronik, progressif, infamatuvar bir hastalıktır. Hastalık pediatrik hastalarda 1977 senesinde Dobbins tarafından ilk olarak eozinofilik gastritin özofageal tutulumu olarak gösterilmiştir (1). Daha sonrasında Attwood ve Straumann tarafından ayrı bir klinik antite olarak tanımlanmıştır (2,3). Hastalığın çok daha sık saptanmasıyla birlikte tanınma oranı artmış ve tanı karışıklığını gidermek için kılavuzlar geliştirilmiştir.

Kronik özofajitin, gastroözofageal reflü hastalığından (GÖRH) sonraki ikinci en sık nedeninin EoE olduğu düşünülmektedir. Önceki yıllarda EoE tanısında - proton pompası inhibitörü (PPI) ile tedaviye rağmen, özofageal eozinofilinin sebat etmesi - bir tanı kriteri olarak değerlendirilmekte iken, son yıllarda yapılan gözlemler bunun tanı kriteri olmaktan çıkartılmasını sağlamıştır. Eozinofilik özofajitli hastalarda özofagus eozinofilisinin yüksek doz PPI'ya cevap verebildiği ancak GÖRH ile ilişkili bir durum olmadığı tespit edilerek, EoE kriterlerini karşılayan ancak PPI tedavisine semptomatik ve histolojik yanıt veren özofagus

eozinofilisi olan hastaları tanımlamak için “proton pompa inhibitörlerine duyarlı özofageal eozinofili (PPI-REE)” adlandırması yapılmış ve bu antitenin EoE'nin yeni bir alt tipi olduğu bildirilmiştir (4).

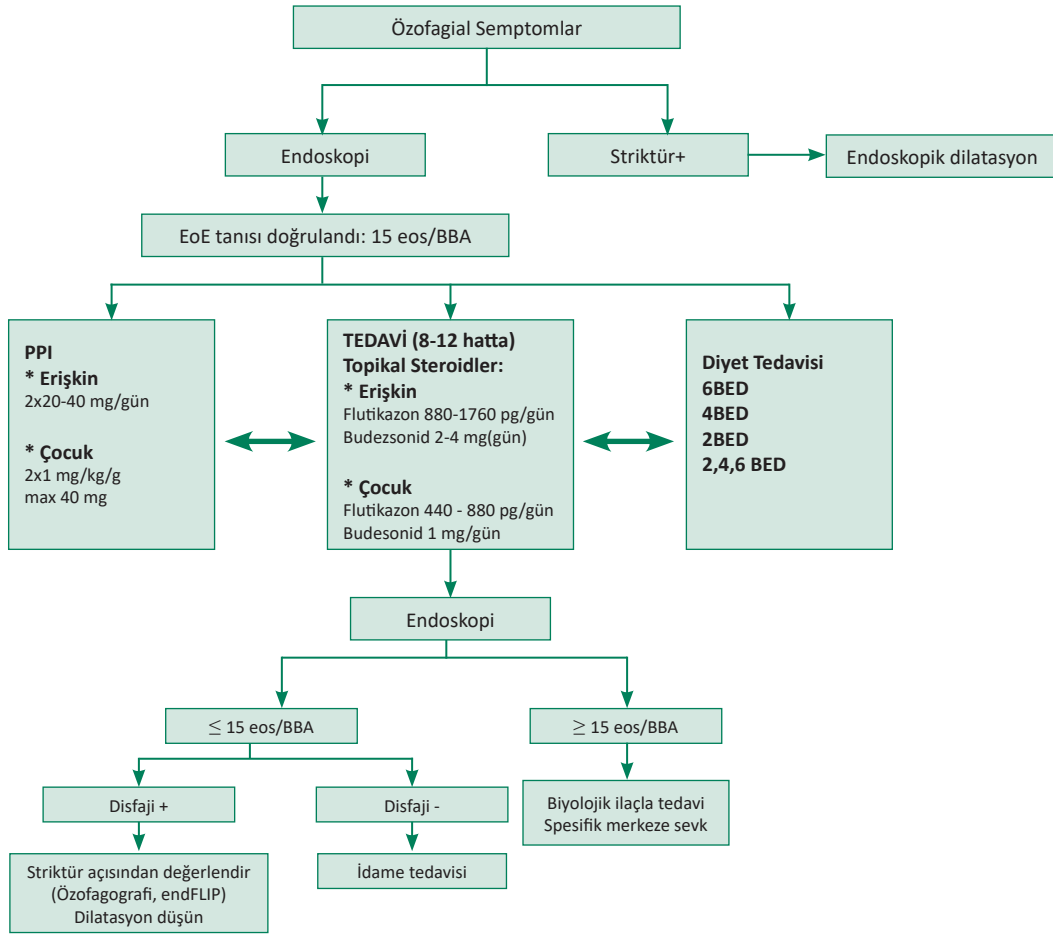
EPİDEMİYOLOJİ

Eozinofilik özofajitin prevalansı ve insidansı hızla artmaktadır. Tanısal anlamdaki gelişmeler ve farkındalıktaki artışın katkısı yadsınamaz. Çoğu insidans ve prevalans verileri, ağırlıklı olarak beyaz nüfusa ilişkin çalışmalardan elde edilmiştir ve hastaların %95'i beyaz ırka mensuptur. En yüksek insidans (yılıda 100 000'de 5-20 yeni vaka) ve prevalans (100 000 yetişkinde 9.5-58.9 kişi) Kuzey Amerika ve Avrupadan bildirilmiştir (5-7). Eozinofilik özofajit her yaştan insanda görülebilirken, 5-14 ve 20-45 yaş arası bireylerde daha fazla sıklıkta görülmektedir. Sıcak olmayan iklimlerde prevalans daha yüksektir (8). Son 25 yılda hastalık insidansı artarken, kadınlarda daha az iken, artış daha çok erkeklerde gözlenmektedir (9); kadınlara göre 3-4 kat daha sık görülmektedir (10). Hastanın kendisinde ve/veya ailesinde astım, atopik dermatit gibi tip 2 inflamatuvar hastalık geçmişi daha sıktır (11). Kardeşler arasında 64 kat EoE risk artışı bildirilmiştir (12).

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Şekil 1. EoE teşhis ve tedavi algoritması (4,57).

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