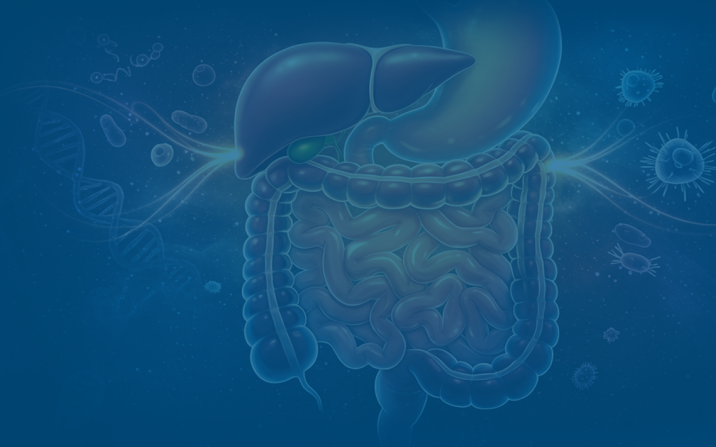




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GİRİŞ

İshal, dışkılama kıvamında ve sıklığında artış olarak tanımlanabilir. Gelişmiş ülkelerde sıklıkla kendini sınırlayan bir durum olmakla birlikte dünya geneline bakıldığında ciddi morbidite ve mortalite sebebi olarak karşımıza çıkmaktadır (1). Terminolojik olarak ishal, günlük dışkı miktarının 200 gramın üzerinde olması şeklinde tanımlansa da pratikte çok kullanılmamaktadır. Daha çok WHO'nun günde 3 ve daha fazla sıklıkta gevşek veya sulu dışkılama şeklinde olan tanımı kullanılmaktadır (1). İshalin süresi etiyolojik açıdan değerli bilgiler verdiği için değerlendirmeye başlanmadan önce belirlenmelidir. Akut ishallere 14 günden daha kısa süreli ishallere iken persistan ishallere 14 günü aşan ishallere denir. İshal 30 günden fazla sürüyorsa kronik ishal olarak tanımlanır (2). Akut ishallerin büyük bir kısmı virüs veya bakterilerin sebep olduğu, kendini sınırlayan enfeksiyonlardır. Eğer ilk değerlendirmesinde patojen saptanmamışsa, ishal kötüleşiyorsa veya kronikleşmişse malignite, çölyak hastalığı ve inflamatuvar bağırsak hastalıkları gibi enfeksiyon dışı daha ciddi nedenler araştırılmalıdır (1).

AKUT İSHAL

Tanım ve Epidemiyoloji

İki haftadan daha kısa süren ishallere akut ishallere denilmektedir. Bu sınırı 3 hafta ve 4 hafta olarak belirten farklı otoriteler de bulunmaktadır (2). İshal, gelişmiş ve gelişmekte olan ülkeleri farklı boyutlarda etkilemekte, genel olarak ciddi morbidite ve mortalite nedeni olarak karşımıza çıkmaktadır. İshal, dünya çapında ölüm nedenleri arasında en sık 5. sıradadır. Ölümler çoğunlukla çocuklarda ve infantlarda olmaktadır. Dünya çapında yılda 3-4 milyon çocuk ishal nedeniyle ölmektedir. Gelişmiş ülkelerde akut ishal insidansı 0,72-1,3 vaka/kişi-yıl arasında değişmektedir (1).

Patofizyoloji

İshal, intestinal zararlı etkenlere karşı vücudun göstermiş olduğu koruyucu bir cevaptır. Bağırsak normalde salgıladıklarından daha fazlasını absorbe eder. İntestinal motilite de bu absorpsiyon için uygun ortam sağlar. Normalde incebağırsağa 10 litre sıvı yük girer, bunun 8,5 litresi absorbe olur.

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dan, kronik ishal, daha karmaşık bir etiyolojiye sahip olup, sıklıkla altta yatan kronik hastalıklar veya metabolik bozukluklarla ilişkilidir. Akut ishal durumlarında, sıvı ve elektrolit dengesinin sağlanması öncelikli hedeftir. Kronik ishal ise daha detaylı bir değerlendirme ve uzun vadeli yönetim gerektirir. Ayrıca, hastaların bireysel özellikleri ve altta yatan nedenler göz önünde bulundurularak, tedavi planları kişiselleştirilmelidir.

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