BÖLÜM 4

DİSPEPSİ

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TANIM

Dispepsi toplumda oldukça sık görülen ve pek çok nedene bağlı ortaya çıkabilen heterojen semptomlar topluluğudur. Proksimal gastrointestinal sistemden kaynaklandığı düşünülen, üst abdomende lokalize epigastrik ağrı, yanma, dolgunluk ve erken doyma ile karakterizedir. Dispepsi olgularında şişkinlik, geğirme, bulantı, pirozis gibi semptomlar eşlik edebilir. Ancak bunlar dispepsi tanımı içinde yer almaz (1). Roma I ve II uzlaşı komitelerinde dispepsi üst karın bölgesinde yoğunlaşan ağrı ve rahatsızlık hissi olarak tanımlanmıştır. Şişkinlik, erken doyma, epigastrik yanma, bulantı-kusma semptomları da rahatsızlık hissi bünyesinde kabul edilmiştir. Roma II uzlaşı komitesinde farklı olarak epigastrik yanma baskın hastalar dispepsi tanımından çıkarılmış ve gastroözofageal reflü başlığında tanımlanmıştır (2). Roma III ve Roma IV uzlaşı komitelerinde dispepsiyi tanımlarken 'sadece gastroduodenal' bölgeden kaynaklanan semptomlar ele alınarak geçmişteki tanımlamaya nazaran daha kısıtlayıcı bir rapor sunulmuştur. Sadece erken doyma, postprandial dolgunluk, epigastrik yanma veya ağrının spesifik olarak gastroduodenal bölge kaynaklı olduğu kabul edilmiştir (3).

Dispepsi genel populasyonun yaklaşık %20 -32'sinde gözlenir. Populasyon bazlı 100 çalışmayı kapsayan 312415 vakada araştırılmamış dispepsi için havuzlanmış prevalans %21 olarak saptanmıştır. Kadınlarda, H.pylori enfeksiyonunda, sigara içenlerde ve nonsteroid antiinflamatuar ilaç kullananlarda dispepsi için risk artışı vardır (1). Dispepsi vakalarının yaklaşık %25'ini altta organik bir neden saptanan organik dispepsi (Tablo 1) oluştururken % 75'ini ise gastroskopi dahil yapılan tüm klinik araştırmalara rağmen herhangi bir etyoloji saptanamayan fonksiyonel dispepsi oluşturmaktadır (4).

Organik Dispepsi

Peptik ülser hastalığı ve gastroözofageal reflü en sık iki organik dispepsi nedenidir. Çölyak hastalığı, üst gastrointestinal sistem(GIS) tümörleri, infiltratif hastalıklar, pankreas patolojileri, endokrin bozukluklar, ilaçlar ve gıda intoleransı diğer başlıca etyolojik nedenlerdir (Tablo 1) (5).

Peptik Ülser Hastalığı: Peptik ülser hastalarında sıklıkla yemeklerden birkaç saat sonra şiddetlenen ağrı ve yanma görülür. Ülseri olan hastalar tamamen asemptomatik olabileceği gibi dispeptik şikayetlerle de doktora başvurabilirler. Peptik ülser

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peptik semptom şiddeti ve hayat kalitesi üzerinde olumlu etki alınmıştır (92). Ancak psikososyal tedaviler ile ilgili verilerin kalitesi düşük, çalışmalar heterojen ve bias riski taşımaktadır. Bu nedenle rutin kullanıma girmesi için daha çok çalışma ve kanıta ihtiyaç vardır.

SONUÇ

Dispepsi, toplumda oldukça sık görülen bir semptom olup öncelikle organik- fonksiyonel ayırımı yapılmalıdır. Dispepsi vakalarının büyük bir kısmını oluşturan fonksiyonel dispepsi hastalar, sağlık kuruluşları ve toplum için önemli mali etkilere sahiptir. Bu nedenle hekimlerin fonksiyonel dispepsiyi tanıyabilmeleri, araştırmaları ve tanı testlerini dikkatli bir şekilde kullanabilmeleri ve etkili tedaviler önerebilmeleri önemlidir. Semptomlara ve müdahalelere verilen yanıtlara dayalı bireyselleştirilmiş tedavi çok önemlidir. FD'nin anlaşılmasını iyileştirmek ve etkili tedavilerin geliştirilmesini sağlamak için daha fazla araştırmaya ihtiyaç vardır. Günümüzde fonksiyonel dispepside semptom bazlı tanı konulmakta ve hastalara semptoma yönelik tedavi verilmektedir. Ne yazık ki mevcut seçenekler ile tedavi başarısının yeterli olmadığı önemli bir hasta grubu bulunmaktadır. Gelecekte geliştirilecek olan mekanizma bazlı stratejiler ile patofizyolojiyi hedef alan tedavi seçenekleri ile daha etkin ve başarılı sonuçlar elde edilmesi olasıdır.

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