BÖLÜM 3

ÖZOFAGEAL SEMPTOMLAR

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DOI:10.37609/akya.3785.c216

DİSFAJİ

Özofagus ile ilgili semptomlara, genel tıp uygulamalarında sıkça karşılaşılmaktadır (1). Disfaji, yiyeceklerin ağızdan mideye geçişi sırasında yaşanan zorlanma hissiyle tanımlanır ve kökeni Yunanca "dys" (zor) ile "phagia" (yutmak) kelimelerine dayanır. Bu durum, yutma işlevinde görevli tüm yapıları etkileyebilir; özellikle alt özofagusa ait disfaji durumlarında regürjitasyon veya kusma da eşlik edebilir. Genellikle orofarengeal ya da özofageal düzeydeki bir işlev bozukluğunun belirtisi olan disfaji, bazı durumlarda psikiyatrik hastalıklarla da ilişkili olabilir. Bu semptom, 50 yaş üzerindeki bireylerin yaklaşık %10'unda, hastanede yatan hastaların %12'sinde ve evde bakım görenlerin %30-60'ında gözlemlenmektedir. Ayrıca kafa travması, inme ve Parkinson hastalığı gibi nörolojik sorunlarda disfaji oranı %30-50 civarındadır. Ancak özofagusun endoskopik bulguları ile hastanın yaşadığı semptomların şiddeti her zaman birbiriyle örtüşmeyebilir (2).

Patofizyoloji

Disfaji, ağızdan mideye gıda geçişini sağlayan kasların güçsüzlüğü, koordinasyon bozukluğu ya da özofagusta yer alan sabit bir obstrüksiyon sonucunda ortaya çıkabilmektedir. Bazı bireylerde bu iki etkenin kombinasyonu gözlemlenebilir.

Normal yutma sürecinde özofagus kasılmaları sayesinde gıda ve sıvılar yaklaşık 10 saniye içerisinde mideye ulaşır; ancak bu peristaltik hareketlerin yetersizliği durumunda, özofagusta gıda birikimi meydana gelir ve bu da hastada rahatsızlık hissi ile birlikte disfajiye yol açar.

Özellikle ileri yaş grubundaki bireylerde, bu durum sıklıkla yetersiz peristaltik aktiviteye bağlı olarak gelişmektedir. Yüksek çözünürlüklü özofageal manometri, disfaji semptomlarının altında yatan peristaltik bozuklukların saptanmasında etkin bir tanı yöntemidir.

Öte yandan, özofagus lümeninde meydana gelen mekanik daralmalar, kasılmaların normal olmasına rağmen gıda geçişini zorlaştırabilir. Disfaji semptomlarının şiddeti, lümen daralmasının derecesi, eşlik eden özofajit varlığı ve tüketilen gıdanın özelliklerine göre değişkenlik gösterebilir. Hafif düzeydeki obstrüksiyonlar, genellikle büyük ve yeterince çiğnenmemiş gıdalarla (örneğin et veya kuru ekmek) disfajiye neden olurken, tam obstrüksiyon hem katı hem de sıvı gıdaların geçişini engelleyebilir (3).

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Özetle GÖRH semptomları olmadan ekstraözofageal belirtileri olan hastalarda, GÖRH dışı nedenlerin değerlendirilmesi gerekmektedir. Bu hastaların PPİ tedavisinden önce reflü testine tabi tutulması önerilmektedir. Hem tipik GÖRH hem de ekstraözofageal semptomları olan hastalar için, ek testlerden önce 8 ila 12 hafta boyunca günde iki kez PPİ tedavisi önerilmektedir. Üst endoskopi, GÖRH ile ilişkili astım, kronik öksürük veya LFR tanısı koymak için kullanılmamalıdır. Laringoskopi bulgularına dayanarak LFR tanısı konmamalı, ek testler yapılmalıdır. Ekstraözofageal reflü tedavisi gören hastalarda cerrahi veya endoskopik prosedürler yalnızca objektif reflü kanıtı olan hastalara uygulanmalıdır.

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