

ANTİBİYOTİK İLAÇ ZEHİRLENMELERİ

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Giriş

Antibiyotikler oldukça sık kullanılan ilaç gruplarıdır, genel olarak terapötik aralığı oldukça geniş olan ilaç gruplarıdır. Bununla birlikte ciddi zehirlenme vakaları görülebilir; diğer tüm zehirlenmelerde olduğu gibi ABCDE yaklaşımı ve semptomlara yönelik nonspesifik tedavi birçok antibiyotik zehirlenmesinde etkili olan yaklaşımdır.

1) Sülfanamid Grubu İlaçlar

Sülfanamidler ilk keşfedilen antibiyotik grubudur. Bu grup ilaçların çoğunluğu topikal tedavide kullanılmaktadır, sistematik tedavide kullanılanlar sülfametaksazol, sülfasalazin ve sülfadoksin' dir.

Sülfanamidler para-aminokaproik asit veya para-aminobenzoik asit inhibisyonu yaparak bakterinin biyosentezini engellemiş olurlar, böylece bakteriyostatik etkileri ortaya çıkar. Etkin maddeye bağlı olmakla beraber 2-6 saat arasında pik plazma düzeyine ulaşırlar. Ayrıca plazma proteinlerine bağlanıp plasenta dâhil olmak üzere bütün vücut sıvı ve dokularına dağılırlar.

Başlıca advers olaylar; kristalüri özellikle eski tip sülfanilürelere (silfadiazin vb) sık görülmekte olup üriner trakt obstruksiyonlarına sebep olabilir. Engellemek için sıvı tüketimi arttırılmalıdır. Hemolitik anemi, aplastik anemi ve agranülositoz gibi hematolojik bozukluklar terapötik kullanımlarda görülebilir. Hipersensitivite reaksiyonları nadir değildir. Bu reaksiyonlar deri döküntüsü,

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Sonuç

Antibiyotik grubu ilaçlar genellikle terapötik aralığı geniş olan, fatal intoksikasyonların nadir olduğu ilaç gruplarıdır. Bu grup ilaçlarla zehirlenmelerde genellikle destek tedavisi ana tedavi olup spesifik antidot (rifampisin, gentamisin, tobramisin dışında) bulunmamaktadır.

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