BÖLÜM 13

ANAFİLAKSİ VE BENZERİ DURUMLARDA ADRENALİN VE DİĞER AJANLARIN KULLANIMI

Hüseyin SEVİL [1]

1. ALERJİ VE ANAFİLAKSİ TANIMLARI

A. İmmün sistem yanıtları

Hayatı tehdit edici ciddi alerjik reaksiyonlar ve anafilaksiyle ilgili özellikle tedavi şemaları ve kullanılan ajanların mekanizmalarının daha iyi anlaşılabilmesi için, öncesinde anafilaksi ve alerjik ciddi reaksiyonlarla ilgili kısaca konuşmak, kullanılan ilaçların etkinliği ve önemi açısından yol gösterici olacaktır.

İnsan vücudunun zararlı etmenlerden korunması için immün sistem kendine zarar vermeden, çok mekanizmalı cevaplar vermeye programlanır. Fakat bazı durumlarda bu cevaplar vücuda da zarar verecek şekilde orantısız ve fazla olabilir. Özellikle mast hücre aracılı bu hipersensivite durumu alerji olarak tanımlanmaktadır. Bu reaksiyonlar için çoğu kez alerjen olarak bilinen maddelerle temas gerekmektedir.

Ciddi alerjik reaksiyonlarda eritemli, kaşıntılı ve kabarık cilt lezyonlarının meydana geldiği, genelde ilaç, gıda teması sonrası görülen cilt lezyonları ürtiker olarak adlandırılmaktadır.

Alerjen maruziyeti sonrası (histaminerjik) subkütanöz veya submukozal doku ödemiyle seyreden anjioödem tablosu bir diğer ciddi tablodur. Herediter anjioödem veya anjiyotensin dönüştürücü enzim (ACE) aracılı formlarında alerjik olmayan mekanizmalar söz konusu olmaktadır.

Alerjik reaksiyonlardan belki de en ciddi ve hayatı tehdit edici olanı anafilaksidir. Akut seyri ve çoklu hayati organların etkilenmesi sonucu ölümle sonuçlanabilen acil müdahale gerektiren bir durumdur (1). IgE aracılığı ile mast ve bazofillerin aktivasyonu sonucu birçok enzimin kontrolsüz salınımıyla meydana gelir. Ortaya çıkan enzimler vazodilatasyona yol açıp damar geçirgenliğini artırır, bronkospazma yol açar, sekresyon artışları meydana

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Anjiyotensin dönüştürücü enzim inhibitörleri (ACE-İ) ilişkili anjioödem tablolarında havayolunun korunması ve ilacın kesilmesi önceliklidir. HAÖ'de kullanılan ilaçların burada da etki etmesi teorik olarak beklense de direk öneri olarak sunulamamaktadır (50-53). Plazma tedavisiyle ilgili olumlu vaka sunuları mevcuttur (54,55). Bu ilaçlara ilave olarak traneksamik asit ACE-İ ilişkili anjioödemde çalışılan bir diğer ilaçtır fakat kullanımına dair net öneri yoktur (56).

SONUÇ

Alerjik reaksiyonlarda hastanın ilk değerlendirmesi hızlıca yapılıp ölümcül semptomların varlığı incelenmeli ve medikal tedaviyle eş zamanlı olarak havayolu ve dolaşım destekleri sağlanmalıdır. Adrenalinin hayat kurtarıcı rolü unutulmamalı ve diğer ajanların hastaya olan faydaları ve gereklilikleri iyi değerlendirilerek tedavi planı oluşturulmalıdır.

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