

BÖLÜM 9

ÇOCUKLARDA BRONŞİOLİT: TANI VE TEDAVİ SEÇENEKLERİ

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GİRİŞ

Bronşiolit, özellikle yaşamın ilk iki yılında ortaya çıkan, viral etkenlere bağlı alt solunum yolu enfeksiyonlarının en sık görülen formu olarak kabul edilmektedir (1). Klinik tablo, bronşiollerde inflamasyon, mukozal ödem, hücresel debris ve artmış mukus sekresyonu ile karakterize olup, bu patolojik süreçler bronşiol lümeninin daralmasına ve tıkanmasına yol açmaktadır. Sonuçta, gaz değişimi bozulur, hipoksemi ve solunum iş yükünde belirgin artış ortaya çıkar (2).

Hastalık çoğunlukla üst solunum yolu enfeksiyonu belirtileri ile başlar: burun akıntısı, burun tıkanıklığı, hafif ateş ve öksürük prodromal dönemi oluşturur. Ardından birkaç gün içerisinde tabloya alt solunum yolu bulguları eklenir (3). Özellikle wheezing (hışıltı), takipne, göğüs duvarında interkostal ve subkostal çekilmeler ile beslenme güçlüğü dikkat çekicidir. Ağır olgularda siyanoz, apne atakları, ileri derecede hipoksemi ve hiperkapni görülebilir (1).

Uluslararası kılavuzlar bronşioliti genellikle “iki yaş altındaki çocuklarda viral enfeksiyonlara bağlı olarak gelişen ilk alt solunum yolu obstrüksiyonu atağı” şeklinde tanımlamaktadır (3). Bu tanım, astım ve tekrarlayan hışıltı sendromları ile ayırıcı tanının önemini de vurgulamaktadır. Bir yaşın üzerinde, özellikle atopi veya tekrarlayan wheezing öyküsü olan çocuklarda astım olasılığı her zaman akılda tutulmalıdır (4).

EPİDEMİYOLOJİ

Bronşiolit, pediatrik yaş grubunda en sık görülen solunum yolu enfeksiyonlarından biridir ve dünya genelinde ciddi bir sağlık yükü oluşturmaktadır. Amerika

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