

BÖLÜM 8

D VİTAMİNİ ZEHİRLENMESİ

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GİRİŞ

D vitamini, kanda kalsiyum ve fosfor seviyelerinin dengesini sağlayan, kemik mineralizasyonunda önemli görevleri olan, yağda eriyen bir prohormondur (1). İntestinal sistemden kalsiyum ve fosfor, böbrek tübüllerinden kalsiyum, böbrek proksimal tübüllerinden ise fosfor emiliminde rol oynar (2). D vitamini aracılığıyla kemikte osteoblastik aktivite artışı olur ve kemik mineralizasyonunda artış gerçekleşir (1,3). Eksikliğinde, hipokalsemi, hipofosfatemi ve iskelet deformiteleriyle kendini gösteren raşitizm kliniği ortaya çıkar (2,4). Son yıllarda kemik dışı etkileri olan proapoptotik, antiproliferatif, immün-modülatör özelliklerinin de sıklıkla gündeme gelmesiyle D vitamini kullanımı oldukça yaygınlaşmıştır (5). D vitamini zehirlenme vakaları ise sıklıkla yüksek doz tedavinin gereğinden uzun devam edilmesi veya tek seferde yüksek doz D vitamini kullanımı ile görülebilmektedir (6).

TANI

Amerikan Pediatri Akademisi (APA), serum 25 (OH) vitamin D düzeyinin 100-150 ng/ml (250-375 nmol/l) arasında olmasını “D vitamini fazlalığı”, >150 ng/ml (>375 nmol/l) üzerinde olmasını ise “D vitamini zehirlenmesi” olarak belirtmiştir (6). 2014 yılında ise tüm dünyada kabul edilen uzlaşıda ayrıca hiperkalsemi, hiperkalsiüri, paratiroid hormon düşüklüğü (N:15-65 piko gram) ile birlikte D vitamininin >100 ng/ml (>250 nmol/l) olması da D vitamini zehirlenmesi olarak tanımlanmıştır (4,6).

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