



5. Bölüm

COVID-19 ve Böbrek Hastalıkları

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COVID-19 VE KRONİK BÖBREK HASTALIĞI

COVID-19 enfeksiyonu oldukça heterojen bir klinik seyir göstermekte olup, çoğu hasta asemptomatik veya minör semptomlara sahipken, hastaların az bir kısmında ve özellikle ileri yaş ve belirgin komorbiditesi olanlarda daha ciddi ve yaşamı tehdit eden solunum yolu hastalığı gelişir (1). Kronik Böbrek Hastalığı (KBH) olan hastalar, immun yanıtın bozulması (azalmış lökosit fagositik aktivite, antijen sunan dendritik hücrelerin azalması, B ve T lenfosit fonksiyonlarının bozulması), kronik inflamasyon, artmış oksidatif stres, malnutrisyon, üremik toksinler ve endotel disfonksiyonu gibi birçok faktöre bağlı olarak semptomatik enfeksiyon riskine sahiptir. KBH, hem yatan hem de ayakta tedavi gören pnömoni riskinde artış ile ilişkilidir ve genel topluma göre ciddi mortalite artışı ile birliktedir (2). COVID-19 pandemisi sırasında mortalitenin yüksek olduğu hasta gruplarından biriside KBH olan hastalardır. Bunun nedeni, KBH hastalarının genel popülasyona göre daha yaşlı, daha fazla kardiyovasküler hastalık öyküsü olan, hipertansiyon ve diyabet sıklığı daha yüksek bir hasta grubu olmasıdır. Ayrıca evre 4-5 KBH gibi poliklinik müracaatları sık olan hastalarda bulaş riski daha fazla olabilir. COVID-19 ile enfekte hastalara arasında KBH olan hastaların sıklığı %1-2 olarak bildirilmiştir (3). COVID-19 ile enfekte KBH olan hastaların yaklaşık %20'sinin ciddi hastalığa sahip olduğunu göstermiştir, bu KBH olmayan hastalardan üç kat daha fazla riski ifade eder (4).

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bulunabileceğine dair endişeler vardır. Bu nedenle, düşük doz immünosupresyonu koruyarak immün yanıtı zayıflatmak teorik olarak faydalı olabilir. Ek olarak deneysel veriler, mTOR inhibitörleri gibi belirli immünosupresif ajanların COVID-19'a karşı bir miktar biyolojik aktiviteye sahip olabileceğini düşündürmektedir (41). Bu bulguları doğrulamak için ek çalışmalara ihtiyaç vardır.

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