



11. Bölüm

COVID-19 ve Karaciğer

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GİRİŞ

Koronavirüsler, Coronaviridae ailesine ve Orthocoronavirinae subgrubuna ait, zarflı, tek sarmallı RNA virüsleridir. İnsanlarda zoonotik infeksiyonlara (ağır-
lıklı olarak solunum yolu infeksiyonları) neden olurlar. İki koronavirüs, Şiddetli Akut Respiratuar Sendromu Koronavirüsü (SARS-CoV) ve Orta Doğu Respiratuar Sendromu Koronavirüsü (MERS-CoV), sırasıyla 2003 ve 2012’de salgınlara neden olmuştur. 2019’un sonunda, yeni bir koronavirüs Çin’in Wuhan şehrindeki bir grup pnömoni vakasının nedeni olarak tanımlandı. Koronavirüs hastalığı 2019 (COVID-19) pandemisinden sorumlu olan mevcut koronavirüs, uluslararası taksonomi grubu tarafından Şiddetli Akut Respiratuar Sendromu Koronavirüsü 2 (SARS-CoV-2) olarak isimlendirildi (1). Ortaya çıkan hastalık, 11 Şubat 2020’de Dünya Sağlık Örgütü (WHO) tarafından COVID-19 olarak adlandırıldı. Koronavirüs hastalığı 2019 (COVID-19), öncelikle hafif bir üst solunum yolu enfeksiyonundan; şiddetli pnömoni, akut respiratuar distress sendromu (ARDS) ve ölüme kadar ilerleyebilen, bir akciğer enfeksiyonu olarak kendini gösterir (2).

Çin’den gelen ilk veriler, SARS-CoV-2’nin kuluçka süresinin 3 ila 7 gün arasında ve bazen 2 hafta olduğunu gösterdi. Tanımlanan en uzun inkübasyon süresi 12.5 gündü (3). Guan ve ark. tarafından yapılan, COVID-19’u olan, 1.099 hastanın en büyük veritabanı analizinde, hastaların medyan başvuru yaşı 47 ve %58’i erkekti. En sık görülen semptomlar ateş (%88,7), öksürük (%67,8), bulantı veya kusma (%5) ve ishal (%3,8) idi. Hastaların %5’i yoğun bakım ünitesi (YBÜ)’ne alındı, %2.3’üne invaziv ventilasyon uygulandı ve %1,4’ü öldü (2).

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- İlaç kaynaklı karaciğer hasarı, COVID-19 hastalarında önemlidir.
- Hepatotoksik antiviral ilaçlar, yan etkilerin dikkatle izlenmesini gerektirir.
- SARS-CoV-2, ACE2 pozitif kolanjiyositlere doğrudan bağlanabilir ve karaciğer hasarına neden olabilir.
- Bağışıklık sisteminin aktivasyonu ve 'sitokin fırtınası', COVID-19'da bağışıklık aracılı bir hepatik hasar sürecine katkıda bulunabilir.
- Erken aşamada sitokin fırtınasının kontrolü, hastalığın ilerlemesini engellemek için faydalı olabilir.

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