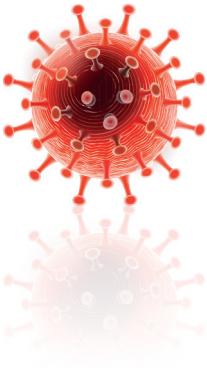

20. Bölüm

Çocuklarda COVID-19

Mine ERKAN[1]

1. SARS-CoV-2 VİROLOJİSİ

Türler arası geçiş potansiyeli bulunan ve salgınlara neden olabilen koronavirüsler zarflı, tek sarmallı, pozitif polariteli, zoonotik RNA virüsleridir ve dört grupta (alfa, beta, gama ve delta) incelenir. İnsanları enfekte ettiği bilinen yedi koronavirüs alfa ve beta gruplarına ait olup bunlardan HCoV-229E, HCoV-NL63, HCoV-OC43 ve HCoV-HKU1 çocuklarda genellikle hafif üst solunum yolu hastalığına neden olur (1). Son yirmi yılda ortaya çıkan ve pnömoni salgınlarına neden olan yüksek patojeniteye sahip üç adet beta koronavirüs SARS-CoV, MERS-CoV ve SARS-CoV-2'dir (2).

2020 yılında SARS-CoV-2'de çeşitli mutasyonlar tanımlanmış ve bu mutasyonlar COVID-19'un seyrini değiştirmiştir. Bu kitap yazıldığı sırada tanımlanan 4 adet endişe verici varyant (variant of concern - VOC) olup bunlar; İngiltere, Japonya – Brezilya, Güney Afrika ve California mutasyonlarıdır (3). İngiltere mutasyonu (B1.1.17 – N501Y) bulaş hızında, hastalık şiddetinde ve ölüm riskinde artış ile ilişkilendirilmiştir; monoklonal antikor tedavilerinin etkinliğinde ve nötralizan antikor etkinliğinde ise minimal azalmaya neden olduğu düşünülmektedir. Japonya - Brezilya mutasyonu (P1) monoklonal antikor tedavilerinin ve nötralizan antikorların etkisinde belirgin azalmaya yol açmıştır. Güney Afrika (B1.351) ve California (**B.1.427 - B.1.429)** mutasyonları ise bulaş hızında artışa, monoklonal antikor tedavilerinin etkisinde belirgin azalmaya, nötralizan antikorların etkisinde orta derecede azalmaya yol açmıştır (3).

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filaksi dozunda antikoagülan; geçirilmiş VTE öyküsü olan hastalara, şiddetli LV disfonksiyonu olan hastalara ve normalin 10 katından yüksek D-dimeri olan hastalara tedavi dozunda antikoagülan önerilir (45). Klasik ya da inkomplet KH kriterlerini karşılayan hastalarda IVIG tedavisine ek olarak aspirin (50-80 mg/kg/g) başlanmalıdır (38).

Taburculuk sonrası takip verilerinin az olması nedeniyle MIS-C'nin prognozu ve uzun vadeli sonuçları henüz bilinmemektedir. MIS-C'nin seyri oldukça şiddetli olabilir ve birçok çocuk yoğun bakım desteğine ihtiyaç duyar. Çoğu çocuk iyileşir, ancak sistematik bir incelemede % 1,7 oranında ölüm bildirilmiştir (44).

SON SÖZ

Çocuklarda COVID-19 bulgularının, klinik seyrinin, tedavi seçeneklerinin, komplikasyonlarının, ilaç ve aşı çalışmalarının yaş aralığına göre ve ülkelere göre değişken olması bilgi yükünü artırmaktadır. Üstelik her gün yayınlanan çok sayıda yeni araştırma da bilgilerin sık güncellenmesi gerekliliğini doğurmaktadır. Güncel bilgiler için AAP, CDC, DSÖ ve T.C. Sağlık Bakanlığı kılavuzları takip edilebilir. Bu kitap bölümünde değinilemeyen ancak çocukları COVID-19 enfeksiyonundan daha çok etkileyen bir durum da pandeminin sosyal etkileridir. Pandeminin çocuklar üzerindeki olumsuz sosyal etkilerini azaltmak için yapılabileceklere UNICEF Türkiye, CDC, AAP-healthychildren sitelerinden ulaşılabilir.

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