

Bölüm 14

CROHN HASTALIĞI; EPİDEMİYOLOJİ, TANI VE MEDİKAL TEDAVİ

Tolga ŞAHİN¹

1. GİRİŞ

Crohn hastalığı(CH); ağızdan anüse kadar tüm gastrointestinal sistemin (GİS) farklı bölgelerini ve bazen de ekstra-intestinal birçok başka organı tutabilen, aktivasyon ve remisyon periyodları ile seyreden, kronik, idiyopatik, inflamatuvar ve granüloamatöz bir hastalıktır. Hastalık, ülseratif kolit (ÜK) ile birlikte kronik, idiyopatik, inflamatuvar barsak hastalığı (İBH) spektrumu içinde yer alır. Hastalığın ilk net tanımı, 1932 yılında Dr. Burrill Crohn ve arkadaşları tarafından yapılmıştır (1). Epidemiyolojik veriler, ayrıntılı moleküler çalışmalar ve son genom çalışmaları hem ÜK, hem de CH' nın bazı duyarlılık lokuslarını paylaşan, ancak diğerlerinde farklılık gösteren, birbiri ile ilişkili, poligenik hastalıklar olduğunu göstermektedir (2). Günümüzdeki bilimsel veriler, hastalığın genetik yatkınlığı bulunan bireylerde, çevresel faktörlere ya da intestinal mikrobiyata karşı aşırı immün yanıt gelişmesi sonucu ortaya çıktığını göstermektedir (3). Yapılan son çalışmalar Amerika Birleşik Devletleri (ABD) nüfusunun %1,3 (~3 milyon birey)'nin İBH tanısı bulunduğunu göstermektedir. CH prevalansı, yine ABD verilerine göre 3-20/100,000 civarındadır (4,5). Asya ve Güney Amerika'da CH görülme sıklığı artmakla birlikte, özellikle Kuzey Amerika ve Batı Avrupadaki sanayileşmiş toplumlarda CH daha yaygın görülmektedir. CH kadınlarda biraz daha sık görülmeyle birlikte, Askhenazi Yahudi ırkında Yahudi olmayanlara göre daha siktir (6,7). CH ortalama görülme yaşı 30 olup, görülme sıklığı önce 20-30 yaş arası, sonrasında ise 50 yaş üzeri olmak üzere, iki yaş grubunda peak yapmaktadır. Vakaların yaklaşık %80'i 40 yaş öncesi tanı alır (8). CH ağızdan anüse kadar tüm GİS'in herhangi bir bölümünü segmenter olarak tutabilen, aralıklı lezyonlarla karakterizedir. En sık görülen formu, terminal ileum ve sağ kolonun birlikte tutulduğu ileokolik tutulum formudur. İnflamasyon tipik olarak tüm histolojik katmanları hep birlikte tutan transmural tiptedir. Biyopsilerde gözlenen önemli patolojik bulgulardan biri de granülomlardır. Granülomlar genellikle submukozada yerleşen, kazeifikasyon nekrozu içermeyen, çok çekirdekli dev hü-

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