9. Bölüm

İNTERSTİSYEL AKCİĞER HASTALIKLARI VE PULMONER HİPERTANSİYON

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GİRİŞ

Pulmoner hipertansiyon (PH), pulmoner arteriyel basınçta yükselme ve bunun neticesinde sağ kalp yetmezliğiyle sonuçlanan, pulmoner arterlerde remodeling ve vazokonstrüksiyonla karakterize ilerleyici pulmoner vasküler bir hastalıktır. Gecikmiş tanı ve yetersiz tedavi durumunda PH, pulmoner vasküler direnç artışı, sağ ventrikül yetmezliği ve erken ölüme neden olabilir. Pulmoner hipertansiyona neden olan hastalık grupları içerisinde akciğer hastalıkları önemli bir yere sahiptir.

2018 yılında yapılan PH toplantısında PH; ortalama PAB>20 mmHg, pulmoner arter kama basıncı (PAWP)<15mmHg ve pulmoner vasküler rezistans (PVR)>3 WU olarak tanımlanmıştır[1]. Aynı sempozyumda PH'a neden olan hastalık grupları Tablo 1' de gösterildiği gibi düzenlenmiştir. Grup 1, Pulmoner arteriyel hipertansiyon (PAH) grubu olup, vaskuler yapıda oluşan kalıcı yapısal değişikliklere bağlı olarak, sağ kalım ciddi olarak etkilenmektedir. PAH olmayan

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Sjögren Hastalığı

Sjögren hastalığı daha çok küçük havayolu hasatlığı ve insterstisyel akciğer hastalığı yapmaktadır. Bu hastalarda PH reyno fenomeni olanlarda interstisyel akciğer hastalığı olanlarda, deri vaskuliti olanlarda RF pozitif olanlarda antinükleer antikor,anti-Ro/SSA ve anti- Ro otoantikoru taşıyanlarda daha sık bildirilmiştir[65].

Miks Bağ Doku Hastalığı

Miks bağ dokusu hastalığı (MBDH), polimiyozit/dermatomiyozit, sistemik lupus eritematozus (SLE), ve romatoid artrit(RA,) sistemik skleroderma (SSk)' nın yer aldığı en az iki sistemik otoimmun hastalığa ait bulguların birlikte görüldüğü inflamatuvar romatizmal bir hastalıktır. Bu hastalarda PAH gelişme riski %25-29 olarak bildirilmiştir[66].

SONUÇ

Sonuç olarak, İnterstisyel akciğer hastalıklarında PH saptandığında PH ile İAH arasında net bir ilişki kurmadan önce diğer PH yapan tüm etkenler (obstruktif uyku apne snedromu, pulmoner emboli, troit hastalıkları, sol ventrikül yetmezliği ve kapak hastalıkları, hepatik hastalıklar , böbrek hastalıkları, HIV, ilaçlar (iştah kesiciler,toksik kolza yağı,kemoteropatik ilaçlar) vb) gözden geçirilmelidir. Hasta hangi İAH grubunda ise bu grubun tedavisini eksiksiz almış olmalıdır. Sonrasında etkenin kendisi ile açıklanamayan PH varlığında tedavi planı uzmanlaşmış merkezlerde oluşturulmalıdır.

Anahtar Kelimeler: İnterstisyel Akciğer Hastalıkları, Yoğun bakım, Pulmoner hipertansiyon,ekokardiyografi, idiyopatik pulmoner fibrozis, sarkoidozis, Sistemik Lupus Eriştamotozus, Romotoid artrit, Sjögren Hastalığı, Miks Bağ Doku Hastalığı, Kombine Pulmoner Fibrozis ve afizem hastalığı, Sistemik skleroz, skleroderma , Pulmoner kistik hastalıklar ,İdiyopatik interstisyel pnömoniler

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