

11. Bölüm

SİGARA İLE İLİŞKİLİ İNERSTİSYEL AKCİĞER HASTALIKLARI

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GİRİŞ

Her yıl yaklaşık 5 milyon kişi sigaraya bağlı hastalıklar nedeni ile hayatını kaybetmektedir. 2025 yılında bu rakamın 10 milyona çıkması öngörülmektedir. Türkiye' de sigara içenlerin sayısı toplam nüfusun % 30'unu oluşturmaktadır. Erkeklerin %60.1' inin ve kadınların % 20' sinin sigara kullanan kişiler olduğu bildirilmektedir.¹

Sigara yaklaşık 5 bin farklı bileşenden oluşan kimyasal bir zehirdir. İnsanlarda kimyasal maddelere bağlı ortaya çıkan hastalıkların en önemli nedenidir. Hem doğrudan toksik etki ile hem de indüklenmiş immün yanıt sonucunda üst hava yollarından distal hava yollarına ve parankime kadar kimi zaman geri döndürülebilir, kimi zaman ise geri döndürülemez hasara yol açar.^{1,2,3}

Başta akciğer kanseri olmak üzere çok sayıda kanser türü ve KOAH sigara ile ilişkili ölüm nedenlerindedir. Ayrıca sigara İPF (İdiopatik Pulmoner Fibrosis), AEP (Akut Eozinofilik Pnömoni), DİP(Deskuamatif İntersisyel Pnömoni), RB-IAH (Respiratuvar Bronşiolit ilişkili İntersisyel Akciğer Hastalığı), PLHH (Pulmoner Langerhans Hücreli Histiositoz) gibi bazı intersisyel akciğer hastalığı türlerinin ortaya çıkması ile ilişkilidir. Fibrotik akciğer hastalıklarında da sigara önemli bir etkidir.^{4,5,6}

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tedavi öncesi ve sonrasında solunumsal semptomlar ve solunum fonksiyonları açısından değerlendirilmesi, tedavi ile kötüleşme varsa tedavinin kesilmesi, yararlı olduğu belirlenmişse devam edilmesi önerilmektedir. Sigaranın bırakılmasına rağmen orta ve ağır düzeyde semptomatik olan, solunum fonksiyon bozukluğu düzelmeyen, hipoksemi gelişen hastalarda kortikosteroidler kullanılabilir.⁴⁸

Sigaraya tekrar başlayanlarda hastalığın tekrarlama ihtimali vardır. DIP'te nadiren pulmoner fibrozis ve solunum yetmezliğine gidiş görülebilmektedir. Diğer idiyopatik interstisyel pnömoniler ile kıyaslandığında prognoz daha iyidir.⁴⁹

SONUÇ

Sigara ile ilişkili interstisyel akciğer hastalıklarında hastalar benzer şikayetler ile başvuru yapar. YRBT ile birtakım ipuçları takip edilerek ayırım yapılmaya çalışılabilir. Kesin tanı için ise cerrahi doku biopsisi gereklidir. Ancak, histopatolojik olarak birbirinden net olarak ayırım yapılamayan sonuçlar ortaya çıkabilir. Bu nedenle hastaları klinik, radyolojik ve patolojik açıdan multidisipliner yaklaşım ile değerlendirmek gerekmektedir.

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