

13. Bölüm

GÜNCEL YAKLAŞIMLARIYLA SARKOİDOZDA YÖNETİM VE TEDAVİ

Aysel SÜNNETÇİOĞLU¹

GİRİŞ

Sarkoidozun doğal seyrinde farklılıklar olması, erken tedavinin uzun dönem sonuçlarının bilinmemesi ve immünomodülatör ajanların yan etkileri nedeniyle hastaların tedavi etme kararı çoğu zaman karmaşıktır. Fakat kardiyak tutulumu, santral sinir sistemi tutulumu, lokal tedaviye yanıt vermeyen göz tutulumu, şiddetli hiperkalsemi, şekil değişikliğine neden olan cilt bulguları(örn. Lupus pernio) ve şiddetli pulmoner bozukluğu olan bazı hastalar acil tedavi gerektirir.¹⁻³ Sarkoidozda sistemik tedavi endikasyonları tablo 1’de gösterilmiştir.

Pulmoner sarkoidozlu hastalarda sarkoidoz tedavisi, granümatöz enflamasyon yükünü azaltmayı ve geri dönüşü olmayan hedef-organ hasarının (fibrotik akciğer hastalığı gibi) gelişmesini önlemeyi amaçlamaktadır.

Pulmoner sarkoidozlu bazı hastalar asemptomatik ve ilerleyici olmayan hastalığa sahip olduğundan veya spontan remisyon gerçekleştiğinden tedavi gerektirmez. Bunlar: Asemptomatik evre I radyolojik bulguları olan hastalar, asemptomatik evre 2-3 radyolojik bulguları olan ve normal veya hafif bozulmuş akciğer fonksiyon bozukluğu olan hastalar.⁴

Pulmoner sarkoidozda steroid tedavi endikasyonları şunlardır⁴:

¹ Doç. Dr., Van Yüzüncü Yıl Üniversitesi, Tıp Fakültesi Göğüs Hastalıkları AD., izciaysel@mynet.com

KAYNAKÇA

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