



AKUT SOLUNUM SIKINTISI SENDROMU

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Giriş

Akut solunum sıkıntısı sendromu (Acute Respiratory Distress Syndrome; ARDS), pulmoner veya sistemik çeşitli etiyolojik faktörlere bağlı olarak akciğerlerde vasküler geçirgenliğin artması ve ağır hipoksemi ile seyreden kardiyojenik olmayan pulmoner ödem tablosudur (1,2). İlk kez 1967 yılında Ashbaugh ve ark. tarafından enfeksiyon ve travma nedeni ile takip ettikleri hastaların bir kısmında takipne, ciddi hipoksemi ve akciğer grafisinde yaygın infiltrasyon ile seyreden ortak bir tablodan bahsedilmiş, “Yetişkin Solunum Sıkıntısı Sendromu” olarak adlandırılmıştır (3). Günümüzde hala geçerli olan tanımlama 2012 yılında belirlenmiş olan Berlin tanımlamasıdır. Berlin tanımına göre; klinik durumda kötüleşme olmasından önceki 7 gün içinde tetikleyici bir olay olması, akciğer grafisinde plevral efüzyon, atelektazi ya da nodül olarak tanımlanmayan bilateral infiltrasyonların varlığı, kalp yetmezliği veya akciğerdeki volüm yüküyle açıklanmayacak solunum yetmezliği olması, PEEP \geq 5 cmH₂O basınçta PaO₂ / FiO₂ \leq 300 olması ARDS olarak kabul edildi (1). Tablo 1’de son Berlin tanı kriterleri görülmektedir.

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Günümüzde COVID-19 için güvenilirliği ve etkinliği kanıtlanmış spesifik bir tedavi henüz bulunamamıştır. Bununla birlikte, içinde bulunulan durumun aciliyeti ve bilimsel verilerin kısıtlılığı nedeniyle etkili olabileceği yönünde sınırlı da olsa veri bulunan tedavi seçenekleri, tüm dünyada yaygın bir şekilde bu hastalar için kullanılmaktadır. COVID-19 hastalarında olası tedavi seçeneklerinin kombine kullanımı, hasta bazında ve var olan ilgili literatürün tümü değerlendirilerek düşünülmeli, kullanılan ilaçların etkileşimleri ve istenmeyen etkileri konusunda tedbirli olunmalıdır. Güncel rehberler ışığında düzenlenen TC. Sağlık Bakanlığı Halk Sağlığı Genel Müdürlüğü'nün 23 Ekim 2020'de güncellediği COVID-19 (SARS-CoV-2 enfeksiyonu) ağır pnömoni, ARDS, sepsis ve septik şok yönetimi rehberinde ağır olgularda hidrosiklorokin, favipravir, antikoagülan, kortikosteroid, IVIg, tocilizumab, anakinra, JAK inhibitörleri gibi ilaçların tedavide kullanılabilmesi belirtilmiştir. Etkinliği kanıtlanmış bir tedavi protokolünün olmaması nedeni ile tedavide daha ayrıntıya girilmemiştir. Tedavi yönetimini güncel rehberler ışığında planlanması uygun olacaktır (78).

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