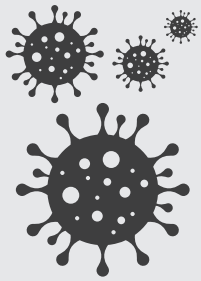

8. Bölüm

COVID-19 SEMPTOMATOLOJİSİ VE BULGULARI

Hasan SÖZEL [1]

GİRİŞ

Koronavirüs hastalığı-2019 (COVID-19), bir koronavirüs suşu olan şiddetli akut solunum sendromu koronavirüs 2'nin (SARS-CoV-2) neden olduğu bulaşıcı bir hastalıktır.(1–3) İlk vakalar Aralık 2019'da Çin'in Wuhan kentinde görüldü ve süreç 11 Mart 2020'de Dünya Sağlık Örgütü (WHO) tarafından resmen bir pandemi olarak kabul edildi. Salgın, hastaların yanında sağlık çalışanlarını da olumsuz etkiledi.(4,5)

COVID-19 etkeni SARS-CoV-2 tanısı için altın standart boğaz sürüntüsünde bakılan gerçek zamanlı polimeraz zincir reaksiyonu (RT-PCR) testidir. Özellikle hastalığın erken döneminde veya viral yük düşük olduğunda nazofarengeal sürüntü RT-PCR testleri negatif olabilir.(6) RT-PCR testi COVID-19 tanısı için altın standart olmasına rağmen, akciğer grafisi ve bilgisayarlı tomografi (BT) pnömoninin tanı, takip ve evrelemesinde önemli bir role sahiptir.(7–10)

Spesifik olmayan görüntüleme bulguları en sık atipik veya organize pnömonidir.

Hastalığın tedavisi amacıyla şuanda birçok ilaç kullanılmakta yeni ilaç araştırma çalışmaları devam etmekte. Fakat henüz hastalığın spesifik bir tedavisi de yoktur. Şuanda birçok aşı, acil kullanım onayı almış ve uygulanmaya başlanmıştır.

ASEMPTOMATİK ENFEKSİYON

COVID-19'un asemptomatik enfeksiyonları yaygın olarak bildirilmiştir.(11–18) Bir incelmede, SARS-CoV-2 enfeksiyonu olan kişilerin yüzde 33'ünün hiçbir zaman semptom geliştirmediği öngörüldü.(19) Bu tahmin, pozitif test sırasında hiçbir semptomu olmayan bireylerin medyan oranının yüzde 46 (yüzde 43 ila 77 arasında) olduğu dört geniş katılımlı, kesitsel ve 14 boylamsal çalışmaya dayanmaktadır. Bu çalışmadaki asemptomatik bireylerin yüzde 73'ü takipte bu şekilde kaldı. Bununla birlikte, çalışmalarda geniş bir aralıkta rapor edilen asemptomatik enfeksiyonların oranı konusunda hala belirsizlik vardır. Ek olarak, "asemptomatik" tanımı, hangi spesifik semptomların değerlendirildiğine bağlı olarak çalışmalar arasında farklılık gösterebilir. Asemptomatik enfeksiyonları değerlendiren araştırmalardaki bulguların çeşitliliği aşağıdaki örneklerde yansıtılmaktadır:

- Neredeyse tüm yolcuların ve personelin şiddetli akut solunum sendromu koronavirüs 2 (SARS-CoV-2) için tarandığı bir yolcu gemisinde COVID-19 salgınında, gemideki nüfusun yaklaşık yüzde 19'unun testi pozitif çıktı; 712 doğrulanmış COVID-19 vakasının yüzde 58'i tanı anında asemptomatikti.(20,21) Hastaneye yatırılan ve izlenen bu asempto-

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İYİLEŞME VE UZUN VADELİ SEKEL

COVID-19'dan iyileşme süresi oldukça değişkendir ve hastalığın ciddiyetine ek olarak yaşa ve önceden var olan komorbiditelere bağlıdır. Hafif enfeksiyonlu bireylerin nispeten hızlı bir şekilde iyileşmesi beklenirken (örn., iki hafta içinde), şiddetli hastalığı olan birçok kişinin iyileşme süresi daha uzundur (örn., iki ila üç ay). En yaygın kalıcı semptomlar yorgunluk, nefes darlığı, göğüs ağrısı, öksürük ve bilişsel eksiklikleri içerir. Veriler ayrıca devam eden solunum bozukluğu ve kardiyak sekel potansiyelini de ortaya koymaktadır.(89–94)

COVID-19'dan iyileşen bazı hastalarda SARS-CoV-2 için kalıcı veya tekrarlayan pozitif nükleik asit amplifikasyon testleri vardır. Bu ortamlarda tekrarlayan enfeksiyon veya yeniden enfeksiyon kesin olarak ekarte edilemese de, kanıtlar bunların olası olmadığını göstermektedir.

SONUÇ

COVID-19'un klinik spektrumu gün geçtikçe genişlemekte, hergeçen gün yeni semptom ve bulgular tanımlanmaktadır. Önümüzdeki süreçte klinik pratikte birçok durum için ayırıcı tanılar arasında yerini alacağı öngörülmektedir.

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