



11.

Bölüm

COVID-19 VE DERMATOLOJİK BULGULAR

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GİRİŞ

COVID-19 pandemisi sırasında, kişisel koruyucu ekipman kullanımında ve hijyen önlemlerinde (el dezenfektanı veya jelleri, el yıkama) zorunlu bir artış yaşanırken bazı dermatolojik hastalıkların sıklığı da artmıştır (1). Viral enfeksiyonların kendisine atfedilen çeşitli ekzantemler ve deri bulguları olabilmektedir. Bununla birlikte, COVID-19 virüsü henüz herhangi bir dermatotropizm göstermemiş olsa da, yeni kutanöz döküntüler düzenli olarak rapor edilmektedir (1-3). COVID-19 enfeksiyonunun deri bulguları vakaların yüzde 0,2 ila 20,4'ü arasında değişkenlik gösterirken bu bulguların hastalık sırasında ortaya çıkma zamanlamasını ise belirlemek zordur (4-6). Bununla beraber deri bulgularının hastalık şiddeti ile ilişkisi de belirsizdir (7). Bazı hastalarda ise gözlenen cilt bulgularının, COVID-19 enfeksiyonu için kullanılan çok sayıda tedaviye ikincil kutanöz reaksiyonları temsil edebileceği göz ardı edilmeden değerlendirilmelidir (7,8).

COVID-19 enfeksiyonu tanımlı bulguları olan hastaların deri bulguları demografik bulgular, hastalık seyri, sistemik semptomlarla ilişkisi ve şiddeti açısından analiz edilerek klinik olarak sınıflandırılmıştır (9).

DERİ BULGULARI

Makülopapüler / Morbiliform Lezyonlar

Birçok vaka serisinde, ağırlıklı olarak gövdeyi tutan morbiliform döküntü COVID-19 enfeksiyonunun en yaygın kutanöz belirtisi olarak bildirilmiştir (5,10-14). Tüm gövdede yaygın olarak ya da zaman zaman sınırlı gövde tutulumu ile birlikte ekstremitelerde veya intertrijinal bölgelerde lokalize yerleşimli basmakla solan eritemli, değişen oranda skuamli bazen de peteşiyel/purpurik yamalar gibi farklı klinikler bildirilmiştir (15-20). Döküntü ya hastalığın başlangıcında ya da daha sık olarak iyileşmeden sonra kaydedilmiştir (5). Etkilenen hastaların çoğu, sars-cov-2 virüsü için pozitif polimeraz zincir reaksiyonuyla (PCR) birlikte pnömoni ile uyumlu semptomları olan yetişkinler olduğu bildirilmiştir. Döküntü çoğu vakada asemptomatikken, sadece birkaç vakada kaşıntı veya lokal hassasiyet rapor edilmiştir (21). Bazı vakalardan alınan deri biyopsilerinin histopatolojik çalışmaları hafif spongios ve hafif yüzeysel perivasküler lenfositik infiltrat göstermiştir (22,23).

Döküntünün tedavisi klinik tablonun ciddiyetine ve dağılım alanına göre değişir. Topikal kortikosteroidler çoğu durumda yeterli olabilir, sistemik kortikosteroidler sadece daha şiddetli

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Literatür bu enfeksiyon ile ilişkili deri bulguları açısından oldukça zengindir. İkincil cilt bulguları arasında viral enfeksiyonun kendisinin sebep olduğu veya kişisel koruyucu ekipman kullanımı ile hijyen önlemlerinin ortaya çıkardığı ya da önceden var olan cilt hastalıklarının alevlenmesi gibi görülebileceği bu geniş dağılımda, bu dermatolojik sonuçların ayırt edilmesi ve tedavi edilmesi önemlidir.

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