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## Bölüm

## COVID-19 PANDEMİSİNİN BÖBREK TRANSPLANTASYONU ÜZERİNE ETKİLERİ

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### GİRİŞ

Koronavirüs Hastalığı (COVID-19) şiddetli akut solunum yolu sendromuna yol açabilen SARS-CoV-2 virüsünün neden olduğu ve 2019 yılı aralık ayından itibaren tüm dünyayı etkisi altına almış bir pandemidir. İlk olarak Çin'in Wuhan kentinde ortaya çıkan salgın, ölümcül bir halk sağlığı problemi haline gelmiş ve pandemi başlangıcıyla birlikte küresel anlamda nerdeyse bütün ülkelerin sağlık sistemleri de bu durumdan oldukça etkilenmiştir. Özellikle solid organ transplantasyon programlarında duraksamalar ve enfeksiyon kaynaklı mortalite artışları izlenmiştir. (1) Genel olarak böbrek nakli gerçekleştirilen vakalara immünsüpresif ajanlar içeren indüksiyon tedavisi başlanmakta, akabinde idame tedaviye geçilmektedir ve başlanan tedavi protokolleri uzun soluklu bir dönemi içermektedir. (2,3) Ayrıca bu hastalar solunum yollarını etkileyen ve genetik materyel olarak ribonükleik asit (RNA) taşıyan virüs enfeksiyonlarına karşı da oldukça duyarlıdır. (2) Mevcut durum göz önüne alındığında böbrek nakli programlarında ve akabinde gerçekleşen hasta takip-tedavi protokollerinde düzenlemeler gündeme gelmiştir. Bu yazıda pandemi döneminde böbrek nakline yaklaşım, nakilli vakalarda COVID-19 enfeksiyonunun klinik özellikleri, immünsüpresyon tedavisine yaklaşım ve aşılardan bahsedilecektir.

### EPİDEMİYOLOJİ VE MORTALİTE

Böbrek nakli bilindiği üzere son dönem böbrek yetmezliği tanısı almış hastalarda tercih edilen renal replasman seçeneklerinden birisidir. Amerika Birleşik Devletleri (ABD)'inde 2019 yılında yapılan organ nakli sayısının %60'ını böbrek nakilleri oluşturmakta ve toplam yapılan organ sayısının yaklaşık 40.000 olduğu ifade edilmektedir. (2) Solid organ nakilli hastalarda prevalansı belirlemek adına yapılan epidemiyolojik çalışmalar oldukça sınırlıdır ve bunun birden fazla nedeni vardır. Ülkelerin sağlık sistemlerinin farklı olması test yapma endikasyonlarında da farklılıklara neden olmuştur ve asemptomatik hastalığın sık olması da hastalığın gerçek insidansını ortaya koymakta zorluklar doğurmuştur. Londra'daki İmperial nakil merkezi tarafından takip edilen 855 hastada pozitiflik oranı %8.1 olarak raporlanmıştır. (4) Paris'de yer alan iki transplantasyon merkezinin verilerine dayanılarak 1216 hastanın dahil edildiği bir çalışmada ise tespit edilen COVID-19 pozitifliği %5 olarak belirtilmiş ve genel popülasyonda gözlenen insidansdan %0.3 yüksek bulunmuştur. (5) Aynı çalışmada COVID-19 hastalığı açısından bağımsız risk faktörleri arasında; astım, kronik obstrüktif akciğer hastalığı (KOA), obezite ve diyabet yer alıyordu. (5) Amerika'da Montefiore Tıp Merkezi tarafından yapılan başka bir çalışmada ise

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len nakil süreçleri tekrar canlanmaya başlamıştır. COVID-19 patogenezi konusunda yapılan çalışmaların artması, aşılama sürecinde global anlamda hız kazanılması ve tedavi konusunda yeni gelişmelerin olması, transplantasyonların optimal şartlarda gerçekleştirilmesine olanak sağlayacaktır.

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