



# 63.

## Bölüm

## COVID-19 PANDEMİSİ'NİN GASTROENTEROLOJİ PRATIĞİNE ETKİLERİ

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### COVID-19 PANDEMİSİ SIRASINDA SORUNLAR

- COVID-19'un Gastrointestinal sistem (GİS) tutulumu ne düzeyde?
- Endoskopi endikasyonlarını nasıl önceliklendirmeliyiz?
- Kendimizi ve personelimizi nasıl koruruz?
- İşlemler sırasında ek dezenfeksiyon basamakları gerekli mi?
- Asemptomatik olsa bile tüm personele test yapılmalı mı?
- Fekal/oral bulaş var mı? Gaita testi yapılmalı mı?
- İnflamatuvar barsak hastalığı (İBH) olanlarda nasıl davranılmalı?
- Kronik karaciğer hastaları ve karaciğer nakil hastaları risk altında mı?

### COVID-19 VİRÜSÜ

Yeni SARS-CoV-2 virüsünün neden olduğu hastalık, Dünya Sağlık Örgütü (DSÖ) tarafından COVID-19 hastalığı olarak adlandırılmıştır (1). Coronavirüs, soğuk algınlığından MERS ve SARS'a kadar çeşitli hastalıklara yol açabilen geniş bir RNA virüs ailesi grubudur. SARS-CoV-2, betacoronavirüs ailesinden, tek sarmallı bir RNA virüsüdür. SARS-CoV-2 primer olarak solunum sistemi hastalığı yapar. İnkübasyon periyodu or-

talama 5.2 (2-14) gündür. Bulaştırıcılık influenza virüsünden 3 kat fazladır (2).

İngiltere'de 20.000'den fazla COVID-19 hastasında semptomlara yönelik yapılan bir çalışmada; en sık semptomlar ateş (%71.6), öksürük (%68,9) ve nefes darlığı (%71.2) olarak belirlendi. %4.5 hasta asemptomatik saptandı (3).

### COVID-19 VE GASTROENTEROLOJİ

1. Endoskopik girişimler
2. Kronik karaciğer ve transplantasyon hastaları
3. İmmünyüpresif alan İBH hastaları

### COVID-19 VE GİS

SARS-CoV-2 ; anjiyotensin converting enzim-2 (ACE-2) reseptörleri ile gastrointestinal epiteline girer. Epitelial hücrelere virüs girişi, Şekil 1'de gösterilen hücresel transmembran serin proteaz 2 (TMPRSS-2) tarafından hazırlanan viral kaplama üzerindeki spike proteini yoluyla sağlanır. Viral nükleokapsid proteini mide ve barsak epitelinde gösterilmiş, özofagus epitelinde gösterilememiştir (4,5).

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Acil prosedürler (örn. akut şiddetli ÜK'de subtotal kolektomi, crohn hastalarında penetran hastalığı kontrol etmek için bağırsak rezeksiyonu) rutin bakımın bir parçası olarak devam edecektir. Aktif hastalıkta olduğu gibi, nüksü önlemek için postoperatif tedavi seçiminin COVID-19 pandemisi bağlamında dikkate alınması gerekecektir.

Subakut obstrüktif semptomlar için ameliyat gerekiyorsa, kısmi veya özel enteral beslenme rejimleri kullanarak ameliyattan kaçınmak veya geciktirmek mümkün olabilir (45).

Uluslararası İBH organizasyonun önerileri doğrultusunda varılan sonuçlar ;

- İBH hastası olmak SARS-CoV-2 ile enfekte olma riskini ya da COVID-19 geliştirme riskini artırmamaktadır.
- Ostomili olmak ya da J poş olması COVID-19 geliştirme riskini artırmamaktadır
- İnfüzyon tedavisi alan İBH hastalarının, SARS-CoV-2 taramasına sahip infüzyon merkezinde tedavisine devam etmesi önerilmektedir.
- SARS-CoV-2 enfeksiyonunu önlemek için prednizon dozu azaltma veya kesme önerilirken, diğer IBD tedavilerini durdurmanın gerekli olmadığı uygun görülmüştür (44).

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