

BÖLÜM 4

AKUT GASTRİT

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GİRİŞ

Gastrit, mide mukozasının herhangi bir etiyolojik nedene bağlı olan inflamasyondur. Dolayısı ile histolojik bir tanıdır. Gastritlerin evrensel olarak kabul görmüş bir sınıflaması olmamasına rağmen en kapsamlı ve kabul gören sınıflama sistemi, güncel Sydney sınıflamasıdır. Bu sınıflama gastritleri zamana göre (akut veya kronik), etiyolojik, morfolojik ve topografik özelliklere göre ayırmaktadır(1). Gastritlerin etiyolojiye dayalı sınıflaması tablo 1 de gösterilmektedir. İltihabi infiltrasyonda ön planda nötrofiller varsa akut; lenfosit, makrofaj, plazmosit gibi mononükleer hücreler varsa kronik gastrit olarak değerlendirilir(1). Gastropati ise kimyasal hasar veya vasküler bozukluklara bağlı mukozal değişikliklerdir. Minimal mukozal inflamasyon vardır veya herhangi bir inflamasyon bulgusu yoktur. Birden fazla gastrit ve/veya gastropati tipi bir arada bulunabilir. Enfeksiyöz ajanlar, otoimmün olaylar, ilaçlar ve aşırı duyarlılık reaksiyonları gastrit için başlıca sebeplerdir. Gastropati nedenleri ise başlıca; NSAİİ, safra, alkol, stres, hipovolemi ve kronik konjesyondur. Akut gastrit, erkek ve kadınlarda eşit oranda ve tüm yaşlarda görülebilir. Vakaların büyük kısmı semptomsuzdur. Gastritlere ait spesifik bir şikayet, endoskopik veya radyolojik bulgu yoktur. Semptom olarak bulantı, kusma, karın ağrısı, karında rahatsızlık hissi gibi semptomlar görülebilir. Gastrit tanısı genellikle üst karın bölgesinin tanımlanamayan rahatsızlıkları için yapılan endoskopi sırasında alınan biyopsi materyalinin değerlendirilmesi ile konulur. Gastrit ve gastropatinin doğru histolojik değerlendirmesi biyopsi örneğinin yerinin ve sayısının en iyi şekilde tespit edilmesine bağlıdır. Gastritin tanısı ve tipi endoskopi ile antrum ve korpusun ön ve arka duvarlarından ve incisura angularis bölgesinden en az ikişer adet biyopsi örneğinin alınıp incelenmesi ile belirlenir. Bu yaklaşım, güncel sidney sınıflandırmasında onaylanmıştır(2). Gastritin endoskopik özellikleri kızarıklık, ödem ,mukozal erozyon, mide kıvrımlarının kaybı veya hipertrofisi, damarsal yapıların görünür hale gelmesini içerir. Yine de bu özellikler düşük duyarlılığa sahiptir ve gözlemciler arasında bazı özellikler için

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