

26.

Bölüm

COVID-19 VE ROMATOLOJİK HASTALIKLAR

Hatice Şule BAKLACIOĞLU¹

1. Romatolojik hastalıklarda COVID-19 riski artmış mıdır?
2. Romatizmal hastalığı olanlarda hastalık daha ağır mı seyrediyor?
3. Hidroksiklorokin COVID-19 tedavisinde etkili/koruyucu mudur?
4. COVID-19 pandemisi sürecinde romatoloji hastalarının tedavileri nasıl olmalıdır?
5. COVID-19 hastalarında romatolojide kullanılan ilaçlar etkili midir?

GİRİŞ

Romatolojik hastalıklar, patogeneğinde otoimmünite ve/veya otoinflamatuvar özellikler barındıran heterojen bir grup hastalıktır. Romatolojik hastalıklarda enfeksiyon riskinin arttığı ve enfeksiyonların hastalık alevlenmesine yol açtığı bilinmektedir (1). Bu hastalıklarda immün disfonksiyon varlığı, hastalığa bağlı organ tutulumu olması (akciğer, böbrek, vs...), kullanılan ilaçların immünsüpresif etkisi, enfeksiyon riski artışından sorumlu olabilir (2). Bu nedenlerden dolayı romatolojik hastalıklarda COVID-19 enfeksiyonu riskinin artabileceği ve klinik seyrin ağır olabileceği düşünülmüştür.

Romatolojik hastalıklarda COVID-19 enfeksiyonu ile ilişkili sıkıntılardan birincisi hastalıkların semptom ve klinik bulgularında benzerlik olmasıdır. COVID-19 enfeksiyonunda klinik belirti ve bulgular asemptomatik halden ağır pnömoni ve erişkin respiratuvar distres sendromuna (ARDS) kadar değişmektedir (3). Yaygın myalji, artralji, artrit, döküntü, dispne, tromboz, myokardit gibi semptom

¹ Uzm. Dr. Hatice Şule BAKLACIOĞLU, Sağlık Bilimleri Üniversitesi Samsun Eğitim ve Araştırma Hastanesi, Romatoloji Bölümü hstgul@yahoo.com

KAYNAKLAR

1. Galloway J.B., Hyrich K.L., Mercer L.K., et al. A.P. Anti -TNF therapy is associated with an increased risk of serious infections in patients with rheumatoid arthritis especially in the first 6 months of treatment: updated results from the British Society for Rheumatology biologics register with special emphasis on risks in the elderly. *Rheumatology Oxf Engl.* 2010;50:124–131.
2. Falagas ME, Manta KG, Betsi GI, et al. Infection-related morbidity and mortality in patients with connective tissue diseases: a systematic review. *Clin Rheumatol.* 2007;26(5):663-670. doi: 10.1007/s10067-006-0441-9
3. Guan WJ, Ni ZY, Hu Y, et al. Clinical Characteristics of Coronavirus Disease 2019 in China. *N Engl J Med.* 2020;382(18):1708-1720. doi:10.1056/NEJMoa2002032
4. Wu J, Wu X, Zeng W, et al. Chest CT Findings in Patients With Coronavirus Disease 2019 and Its Relationship With Clinical Features. *Invest Radiol.* 2020;55(5):257-261. doi:10.1097/RLL.0000000000000670
5. Kichloo A, Aljadah M, Albosta M, Wani F, Singh J, Solanki S. COVID-19 and Acute Lupus Pneumonitis: Diagnostic and Treatment Dilemma. *J Investig Med High Impact Case Rep.* 2020;8:2324709620933438. doi:10.1177/2324709620933438
6. Favalli EG, Ingegnoli F, Cimaz R, et al. What is the true incidence of COVID-19 in patients with rheumatic diseases? [published online ahead of print, 2020 Apr 22]. *Ann Rheum Dis.* 2020;annrheumdis-2020-217615. doi:10.1136/annrheumdis-2020-217615
7. Favalli EG, Monti S, Ingegnoli F, et al. Incidence of COVID-19 in Patients With Rheumatic Diseases Treated With Targeted Immunosuppressive Drugs: What Can We Learn From Observational Data? [published online ahead of print, 2020 Jun 7]. *Arthritis Rheumatol.* 2020;10.1002/art.41388. doi:10.1002/art.41388
8. Gianfrancesco M, Hyrich KL, Al-Adely S, et al. Characteristics associated with hospitalisation for COVID-19 in people with rheumatic disease: data from the COVID-19 Global Rheumatology Alliance physician-reported registry. *Ann Rheum Dis.* 2020;79(7):859-866. doi:10.1136/annrheumdis-2020-217871
9. Mikuls TR, Johnson SR, Fraenkel L, et al. American College of Rheumatology Guidance for the Management of Rheumatic Disease in Adult Patients During the COVID-19 Pandemic: Version 2. *Arthritis Rheumatol.* 2020.
10. Chang, R.; Sun, W. Repositioning Chloroquine as Ideal Antiviral Prophylactic against COVID-19 - Time is Now. Preprints 2020, 2020030279 (doi: 10.20944/preprints202003.0279.v1).
11. Paton NI, Lee L, Xu Y, et al. Chloroquine for influenza prevention: a randomised, double-blind, placebo controlled trial. *Lancet Infect Dis* 2011;11:677-83.
12. Wang M, Cao R, Zhang L, et al. Remdesivir and chloroquine effectively inhibit the recently emerged novel coronavirus (2019- nCoV) in vitro. *Cell Res* 2020;30:269-71.
13. multicenter collaboration group of Department of Science and Technology of Guangdong Province and Health Commission of Guangdong Province for chloroquine in the treatment of novel coronavirus pneumonia. *Zhonghua Jie He He Hu Xi Za Zhi.* 2020;43(3):185-188. doi:10.3760/cma.j.issn.1001-0939.2020.03.009
14. Gao J, Tian Z, Yang X. Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies. *Biosci Trends* 2020;14:72-3.
15. Cortegiani A, Ingoglia G, Ippolito M, et al. A systematic review on the efficacy and safety of chloroquine for the treatment of COVID-19. *J Crit Care* 2020.
16. Mahevas M, Tran VT, Roumier M, et al. No evidence of clinical efficacy of hydroxychloroquine in patients hospitalized for COVID-19 infection with oxygen requirement: results of a study using routinely collected data to emulate a target trial. *medRxiv.* 2020. 2020.04.10.20060699.
17. Konig ME, Kim AHJ, Scheetz MH, et al. Baseline use of hydroxychloroquine in systemic lupus erythematosus does not preclude sARs- CoV-2 infection and severe COVID-19. *Ann Rheum Dis.* 2020 2020;79:1386–1388. doi:10.1136/annrheumdis-2020-217690
18. Schlesinger, N., Firestein, B.L. & Brunetti, L. Colchicine in COVID-19: an Old Drug, New

- Use. *Curr Pharmacol Rep* **6**, 137–145 (2020). <https://doi.org/10.1007/s40495-020-00225-6>
19. Carter SJ, Tattersall RS, Ramanan AV. Macrophage activation syndrome in adults: recent advances in pathophysiology, diagnosis and treatment. *Rheumatology(Oxford)*.2019;58(1):5-17. doi:10.1093/rheumatology/key006
 20. Wang H, Ma s. The cytokine storm and factors determining the sequence and severity of organ dysfunction in multiple organ dysfunction syndrome. *The American journal of emergency medicine*. 2008;26(6):711-5.
 21. Ye Q, Wang B, Mao J. The pathogenesis and treatment of the 'Cytokine Storm' in COVID-19. *J Infect*. 2020;80(6):607-613. doi:10.1016/j.jinf.2020.03.037
 22. Xu X, Han M, Li T, et al. Effective treatment of severe COVID-19 patients with tocilizumab. *Proc Natl Acad Sci U S A*. 2020;117(20):10970-10975. doi:10.1073/pnas.2005615117
 23. Huet T, Beaussier H, Voisin O, et al. Anakinra for severe forms of COVID-19: a cohort study. *Lancet Rheumatol*. 2020;2(7):e393-e400. doi:10.1016/S2665-9913(20)30164-8
 24. Langer-Gould A, Smith JB, Gonzales EG, et al. Early identification of COVID-19 cytokine storm and treatment with anakinra or tocilizumab. *Int J Infect Dis*.2020;99:291-297. doi:10.1016/j.ijid.2020.07.081