

İNEK SÜTÜ PROTEİN ALERJİSİ

21.

BÖLÜM

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GİRİŞ

İnek sütü protein alerjisi çocukluk çağında sık görülen bir besin alerjisi olmasına karşın yetişkinlerde çok nadir görülmektedir ⁽¹⁾. İnek sütüne karşı gelişen alerjik reaksiyonların çok azının patogenezi net bir şekilde belirlenebildiği için “besin protein intoleransı” terimi, “besin alerjisi” yerine kullanılmaktadır ⁽²⁾. İnek sütü proteinlerine karşı gelişen alerjik reaksiyonlar; IgE aracılı, non-IgE aracılı ve karma tip immünolojik reaksiyonlar olup; çok farklı klinik tablolar ile ortaya çıkabilmektedir. Bu bölümde inek sütü protein alerjisinin epidemiyolojisi, patogenezi, klinik özellikleri, tanısı, ayırıcı tanısı ve tedavisi sunulacaktır.

EPİDEMİYOLOJİ

İnek sütü protein alerjisinin hem gelişmiş hem de gelişmekte olan ülkelerde görülme sıklığı artmakta olup dört yaş altı çocukların yaklaşık olarak %2'sinde görülürken; infantlarda ise daha sık bir oranda görülmektedir ⁽¹⁾. İnek sütü protein alerjisi yer fıstığı ve fındıktan sonra üçüncü en sık görülen besin alerjisidir. Genelde klinik mukozal immün sistemin olgunlaşmasıyla 5 yaş civarında düzelmesine karşın yetişkin yaşlara kadar görülmeye devam edebilmektedir ⁽³⁾. Yetişkinlerdeki prevalansı tam bilinmemekle beraber çocuklara göre daha az görülmektedir. Yetişkinlerin bir kısmında bulgular çocukluk çağında başlayıp devam ederken, bazılarında ise yetişkin yaşlarda başlamaktadır ^(4,5). Birçok besin alerjisi diyet yönetimi ile tedavi edilebilse de çok az vakada mortal seyreden ciddi anafilaktik reaksiyonlar bildirilmiştir ⁽⁶⁾. Irk ve cinsiyet ayrımı gözlenmemesine rağmen eosinofilik gastroenteritler daha sıklıkla erkeklerde görülmektedir ⁽⁶⁾.

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tanı için laboratuvar testlerinin kullanılması gerekmektedir. Tedavide alerjinin diyetten çıkarılması ve formül mamalar kullanılması gerekmektedir.

KAYNAKÇA

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