

ÇÖLYAK HASTALIĞI

15.

BÖLÜM

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GİRİŞ

Çölyak hastalığı, glutenin tüketilmesiyle tetiklenen otoimmün bir hastalıktır. Gluten tüketimine bağlı olarak genetik olarak duyarlı bireylerde, ince barsakta histolojik değişikliklere yol açan otoimmün reaksiyonlar gerçekleşir. Bu histolojik değişiklikler, malabsorbsiyona neden olarak gastrointestinal ve diğer sistem bulgularına yol açan duodenal villöz atrofi ve intraepitelyal lenfosit infiltrasyonu ile karakterizedir ⁽¹⁾.

Son yıllarda, çölyak hastalığının tanısı ve patogeneğinde önemli değişiklikler olmuştur ⁽²⁾. Bunun esas nedeni, çölyak hastalığı için riskli grupların tanımlanmasına ve taranmasına izin veren ve dünya çapında tanılarda önemli bir artışa yol açan daha hassas ve spesifik tarama testlerinin kullanıma girmesidir ⁽²⁻⁵⁾.

EPİDEMİYOLOJİ

Çölyak hastalığı, genel toplumda prevalansı %0.5-1 olarak bildirilen en yaygın otoimmün bozukluklardan biridir ⁽⁶⁾. Çalışmalar birçok çölyak hastalığı vakasının heterojen semptomlar ve/veya kötü hastalık farkındalığı sebebiyle atlandığını göstermektedir. Batı ülkelerinde hastalığın yaygınlığı artmaktadır. 1975 ve 2000 yılları arasında Amerika Birleşik Devletleri'nde (ABD) çölyak hastalığı yaygınlığı 5 kat artmıştır ⁽⁷⁾. Avrupa, ABD ve Avusturalya'da tahmini prevalans 1:80 ile 1:300 arasındadır ⁽⁸⁾. Kızlar erkeklerden yaklaşık iki kat daha fazla etkilenmekle birlikte bu oran tanı için kullanılan stratejilere bağlı olarak değişmektedir. Sessiz çölyak formundaki hastaların sayısı klasik çölyak hastalarından çok daha fazladır ⁽⁹⁾. İtalya'da yapılan bir çalışmada asemptomatik hastaların sayısı semptomatik olanlardan 7 kat daha fazla bulunmuştur ⁽¹⁰⁾. Çölyak hastalığı Avrupa dışında, Afrika, Ortadoğu ve Güney Asya ülkelerinde de yaygındır. Genel olarak, hastalığın küresel

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