

TİP 1 DİYABETES MELLİTUS VE KOMPLİKASYONLARI

22. BÖLÜM

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GİRİŞ

Tip 1 diyabetes mellitus (T1DM) çocukluk çağında sık görülen kronik hastalıklardan biridir. T1DM'nin temel nedeni; pankreasın insülin salgılayan beta hücrelerinin yıkımı sonucu ortaya çıkan mutlak insülin eksikliğidir ⁽¹⁾.

EPİDEMİYOLOJİ

Dünya çapında tüm diyabet vakalarının %5-10'unu T1DM oluşturmaktadır. Tip 2 diyabetes mellitus (T2DM) sıklığındaki artışa rağmen, T1DM çocuk ve adolesanlarda en sık görülen diyabet çeşididir ⁽²⁾. Diyabet insidansını ve prevalansını etkileyen coğrafik farklılıklar, yaş, cinsiyet, ırk/etnik grup, genetik gibi faktörler bulunmaktadır.

Coğrafik Farklılıklar

T1DM'nin insidansı dünya genelinde farklılıklar göstermektedir ⁽³⁾. Genellikle ekvatordan uzaklaşıldıkça T1DM insidansında artış gözlenmektedir ⁽⁴⁾. Diyabet insidansının düşük olduğu yerden yüksek olan yere taşınan insanlarda T1DM gelişme riskinin artması çevresel faktörlerin önemini ortaya koymaktadır ⁽⁵⁾. Ayrıca aynı enlemdaki komşu ülkelerde görülen diyabet insidansındaki farklılık T1DM'nin patogenezinin karmaşık olduğunu ve etyolojisinde başka risk faktörlerinin de rol aldığını göstermektedir ⁽⁵⁾. Dünya çapında 500000 T1DM'li çocuğun %26'sı Avrupa, %22'si Kuzey Amerika bölgesindedir ⁽⁶⁾. Asya bölgesinde ise T1DM insidansı en düşüktür ⁽³⁾. T1DM insidansındaki farklılık sadece ülkeler arasında değil ülkelerin kendi içinde bölgesel olarak da görülmektedir. Örneğin Sardunya'daki T1DM insidansı İtalya'nın diğer yerlerine göre 3-5 kat daha fazladır ⁽⁵⁾.

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lemde sık karşılaşılan DKA mortalite ile yakın ilişkilidir. Bu nedenle DKA saptanan hastanın hızlı ve uygun tedavisi çok önemlidir. Ayrıca T1DM'li hastalara kronik komplikasyonlar ve eşlik edebilecek hastalıklar için tarama programları oluşturulmuştur. Bu tarama programları sayesinde hastalıkların erken teşhisi ve tedavisi sağlanır. Sonuçta çocukluk çağında başlayan ve kronik bir hastalık olan T1DM'nin uygun tedavi ve izlemi ile uzun dönemde ortaya çıkabilecek komplikasyonlar azaltılmış hatta engellenmiş olur.

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