

BÖLÜM 5

COVID-19 VE PATOLOJİ

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Giriş

Aralık 2019'un sonlarında, Çin'in Hubei eyaletindeki Wuhan'da etiyojisi bilinmeyen bir pnömoni salgını meydana gelmiştir ve ülke çapında hızla yayılmıştır. Çin Hastalık Kontrol ve Önleme Merkezi, şimdi resmi olarak şiddetli akut solunum sendromu koronavirüs 2 (SARS-CoV-2) olarak bilinen ve pandemiden sorumlu olan 2019-nCoV adlı yeni bir beta-koronavirüsü tanımlamıştır (1). Dünya Sağlık Örgütü (WHO), salgının eşi görülmemiş hızlı küresel yayılımı ve ciddiyetinden endişe duymuştur, hastalığı COVID-19 olarak adlandırmıştır ve COVID-19'u bir pandemi olarak kabul etmiştir (2).

Şiddetli akut solunum sendromu koronavirüs 2 (severe acute respiratory syndrome coronavirus 2) (SARS-CoV-2) ile virüs enfeksiyonu asemptomatik olabilmektedir veya hafifden şiddetliye varan semptomatik hastalığa neden olabilmektedir (koronavirüs hastalığı 2019) (3). SARS-CoV-2, insanlarda alt solunum yolunu enfekte edebilen ve ciddi ve ölümcül bir solunum sendromuna neden olabilen SARS-CoV (severe acute respiratory syndrome coronavirus) ve MERS-CoV (Middle East respiratory syndrome coronavirus) içeren

betakoronavirüsler grubuna aittir (4). SARS-CoV-2, genetik sekans açısından SARS-CoV'ye >%79,6 benzerliğe sahiptir (5).

Bulaşma yolu genellikle damlacık enfeksiyonu ile olmaktadır. Ayrıca virüsün canlı olduğu yüzeylerle temasta bulaşta etkili olmaktadır. Koronavirüslerin kontamine kuru yüzeylerden bulaşması, burun, gözler veya ağızdaki muköz membranların self-inokulasyonu ile olmaktadır (6). Farklı yüzeylerde koronavirüs'ün 2 saatten 9 güne kadar bulaştırıcı olabileceği bilinmektedir (7). Virüs yayılma döngüsünü azaltmak için kişiler arası teması azaltmak, kitlesel toplantılardan kaçınmak, eğitim kurumlarının kapatılması, ev ofisi ve bu gibi birçok temel önleyici tedbir uygulanmıştır (8). Virüsün nazofarinksten yedi gün veya daha uzun süre yayılabildiği ve ardından kanda ve dışkıda virüsün tespit edilebildiği bildirilmiştir. Genelde idrarda virüs negatif bulunmaktadır (9). Nadiren SARS-CoV-2'nin varlığı, COVID-19 hastalarının idrar sürüntülerinde gösterilmiştir (10, 11). COVID-19 hastalarının fekal örneklerinde viral RNA'nın varlığı, fekal-oral yolla olası bulaşmayı düşündürmektedir (12). Ayrıca SARS-CoV-2, gastrointestinal semptomları olmayan hastalardan alınan dışkı örneklerinde de tespit edilmiştir

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mikroskopların dezenfeksiyonu yapılmalıdır. Frozen koyulan mape açısından da dikkatli olunmalı, mapelerin de dezenfeksiyonu ihmal edilmemelidir. Patoloji laboratuvarına gelen tüm örneklerle COVID-19 ile dekontamine gibi yaklaşılması önerilmektedir. COVID-19 pozitif olgular, spesmenleri gönderen klinisyen tarafından patoloji kabul kağıdında özellikle belirtilmelidir, eksiklik oluyorsa gerekiyorsa ilgili doktorla ya da gerekirse de hastane yönetimiyle iletişime geçilmelidir. Patoloji laboratuvarına gelen örnekleri teslim alan personel, bu örnekleri nereye koyacağı konusunda bilgilendirilmelidir ve spesmenlerin koyulduğu yüzeyler düzenli olarak dezenfekte edilmelidir. Gelen dokunun tespiti açısından da dikkatli olunmalıdır. COVID-19'un oda ısısında 1 gün bekletilerek formaldehit tespiti yapılması ile bulaştırıcılığı azaltılmaktadır (59). Patoloji personeli için patolojide riskli işlemlerde kullanılan KKE olarak; gözlük/siperlik, N95/ FFP2 maske, su geçirmez önlük ve eldiven sayılabilir, ayrıca ortamın yeterince havalandırılması çok önemlidir. Yapılması gerekli olan riskli işlemlerde sınıf 2 biyogüvenlik kabinleri kullanılmalıdır (62).

Sonuç

COVID-19 ile ilgili olarak klinik yönetim, patogeneze, histopatolojik değerlendirme ve etkili terapötik stratejiler hakkındaki bilgileri güçlendirmek için daha fazla postmortem inceleme gereklidir. Uygun ve yeterli güvenlik önlemlerinin alınması risk grubunda olan ve pandemi sürecinde ön saflarda olmaya devam edecek tüm sağlık çalışanları ve halk sağlığını korumak adına son derece önemlidir.

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