

Covid-19 Enfeksiyonuna Baęlı Mas, Tedavisi ve Güncel Yaklaşım

3. BÖLÜM

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GİRİŞ

İlk kez Kasım 2019'da, Çin'in Wuhan eyaletindeki bir deniz mahsülleri ve vahşi hayvan pazarına maruz kalan bir grup insanda etkeni bilinmeyen pnömoni vakaları bildirilmiştir (1). Kısa süre içerisinde etken patojen olan yeni bir β korona virüs tanımlanarak, '**Severe Acute Respiratory Syndrome-Coronavirus-2**' (SARS-CoV-2) olarak adlandırılmıştır. Ocak 2020'de **Dünya Sağlık Örgütü** (WHO), dünya çapında hızla pandemi haline gelen **Korona Virüs Hastalığı 2019** (COVID-19) terimini resmi olarak tanımlamıştır.

Bilateral interstisyel pnömoni şeklinde ciddi hastalık görülen %20 vakanın %3-7'sinde mortalite görülmektedir (2). Mortalite çoęu vakada **Akut Solunum Sıkıntısı Sendromuna** (ARDS) baęlı solunum yetmezlięi nedeniyle olmaktadır (3). Asemptomatik hastalıktan yoğun bakım ünitesinde çoklu organ desteęi gerektiren ARDS düzeyinde kritik hastalıęa varan genişlikte bir yelpazeye sahip olan COVID-19 enfeksiyonunda ARDS ve çoklu organ yetmezlięinin en önemli nedeninin sitokin fırtınası olduęu düşünölmektedir (4). Klinik progresyonun prediktörleri tam olarak açıklanamamakla birlikte, 1918 yılında görölen influenza pandemisinde olduęu gibi sitokin fırtınasıyla sonuçlanan hiperinflamasyonun, hastalıęın 7-10. günleri arasında başlayarak komorbid hastalıęı olan ve olmayan, genç ve yaşı bireylerin ölümine neden olduęu bilinmektedir (5).

Makrofaj Aktivasyon Sendromu (MAS) genellikle çocuklarda sistemik juvenil idiopatik artrite baęlı görölmekle birlikte çocukluk çağında sistemik lupus eritematozus, Kawasaki hastalıęı, juvenil dermatomyozit, antifosfolipid sendrom, erişkin başlangıçlı Still hastalıęı, enfeksiyonlar ve malignitelere baęlı bildirilmiştir (6). MAS epizotlarını çoęunlukla viral enfeksiyonlar tetiklemekte ya da hastalıęın

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