BÖLÜM 5

HAVA ARALIKLARI VE BRONŞ HASTALIKLARI BÖLÜM I

Hadi SASANİ[1]

Vaka 1: İntralobar Pulmoner Sekestrasyon

Vaka 2: Radyasyon Pnömonisi

Vaka 3: Geçirilmiş infeksiyon (TBC)

Vaka 4: Pnömosistis Jiroveci Pnömonisi (PJP)

Vaka 5: Pulmoner lösemik infiltrasyon (KLL)

Vaka 6: Akciğer Adenokarsinom Metastazı

Vaka 7: Lenfanjitis Karsinomatoza, Küçük Hücreli Dışı Adenokarsinom

Vaka 8: COVID-19 (SARS-CoV-2) Pnömonisi

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Tuzaklar

Asemptomatik infeksiyonu (SARS-CoV-2 testi pozitif, ancak klinik veya BT bulguları olmayan olgular) ve akut üst solunum yolu viral enfeksiyonu olan olgularda çoğunlukla COVID-19 hastalığının kliniği ciddi değildir (32).

Tedavi ve yaklaşım

Tedavi temel olarak destekleyici ve semptomatik yaklaşımları içermektedir. İlk adım, diğer bireyler, vakalar ve sağlık çalışanları için infeksiyon yayılmasını durdurmak amacıyla yeterli izolasyon ve karantina olmalıdır. Kuşkulu olgular tek başına izole edilmeli, konfirme edilmiş olgular aynı yerde toplanabilir, ciddi olgular yoğun bakım desteği almalıdır. Genel strateji olarak, yatak istirahati ve palyatif tedavi, yeterli kalori ve su tüketimi, su elektrolit dengesi ve hemostazın sağlanması, vital bulgular ve oksijen saturasyonun kontrolü ve gerektiğinde oksijenin desteğinin verilmesini kapsamaktadır (23,33). Semptomatik tedavide antipiretik, antiviral ilaçlar, hidroksi klorokin, immünoterapiler kullanılabilir (32).

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