

Bölüm 5

KLİNİSYEN GÖZÜYLE DİYABETES MELLİTUSUN KOMPLİKASYONLARINA BAKIŞ

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GİRİŞ

Diyabet Mellitusda (DM), hedeflenen metabolik değerlere ulaşamazsa kronik komplikasyon riski artacaktır. Bu durum beraberinde ciddi morbidite ve mortaliteyi sebep olur. İnsülin direncine yanıt olarak ortaya çıkan hiperinsülinemi, bu anormalliklerin oluşumunda önemli bir rol oynar. Artan serbest yağ asidi seviyeleri, yağdan salınan enflamatuvar sitokinler, oksidatif stres, metabolik sendrom, tip 2 DM ve bunların kardiyovasküler semptomlarının patogeneğinde rol oynar (Rochini ,2002). Diyabetik komplikasyonların en az yarısını, myokard infarktüsü, serebrovasküler olay, kronik böbrek hasarı, retinopati ve ayak ülserleri oluşturur. Diyabetin kronik komplikasyonların sonucu olarak bireyin işi, iş devamlılığı ve iş verimliliği olumsuz etkilemektedir (Tunceli & ark,2005). Bu nedenle diyabetle ilişkili komplikasyonlarının önlenmesi önemlidir.

DİYABETİN VASKÜLER KOMPLİKASYONLARININ SINIFLAMASI

Diyabetin vasküler komplikasyonları mikrovasküler ve makrovasküler olarak iki grupta sınıflandırılır. Mikrovasküler komplikasyonlar ,diyabete spesifik olup, göz, böbrek veya periferik sinirleri tutabilir. Makrovasküler komplikasyon ise ateroskleroz olup, nonspesifiktir. Mikrovasküler hastalık oluşumu, hiperglisemi düzeyi ile ilişkilidir. Makrovasküler hastalık oluşumun da ise hiperglisemi düzeyi ile ilişkili klinik kanıtlar azdır. Hiperglisemi poliyol ve hekzamin yolaklarını aktive etmekte ve ileri glikozillenmiş son ürün üretimini artırarak makrovasküler komplikasyonlara yol açmaktadır. (Kilhovd &ark., 1999), (Goh &Cooper , 2008). Makrovasküler komplikasyonların oluşumunda son ortak yolun oksidatif stres olduğu söylenebilir.

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