

COVID-19 VE ENDOKRİNOLOJİK ETKİLERİ

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GİRİŞ

COVID-19 pandemisi, endokrin bozukluğu olan hastaların takip ve tedavilerinde yeni ve özel zorluklar meydana getirmektedir. Örneğin, diyabetli hastalar COVID-19 enfeksiyonunu daha şiddetli geçirme açısından yüksek risk altındadır. COVID-19'da diyabetik ketoasidoz (DKA), hiperosmolar hiperglisemik durum (HHD) ve ileri insülin direnci gibi diyabetle ilişkili tabloların ortaya çıkma sıklığı artmaktadır[1]. Bu bölümde, COVID-19 tanısı alan hastalardaki endokrinolojik bozuklukların görülme sıklığı, klinik seyri ve tedavisinde meydana gelebilecek değişiklikler tartışılacaktır.

A. Tiroid bezi hastalıkları ve COVID-19

Hem SARS-CoV hem de SARS-CoV-2, konak hücreye girmek ve enfekte etmek için anahtar moleküler kompleksler olarak anjiyotensin dönüştürücü enzim-2 (ACE-2) ve Transmembran Proteazı Serin 2 (TMPRSS2)'yi kullanırlar[2]. İl-

ginç bir şekilde, ACE-2 ve TMPRSS2 ekspresyon seviyeleri tiroid bezinde akciğerlerden bile daha yüksektir[3]. Bilgisayar modellemelerinde tiroid bezindeki ACE-2 ekspresyonu seviyelerinin, immün hareketlilik (CD8⁺ T hücreleri, interferon yanıtı, B hücreleri, doğal öldürücü (NK) hücre aktivitesi) ile erkeklerde pozitif, kadınlarda ise negatif bir ilişki içinde olduğu ve farklı immün yanıtların farklı tiroid bozukluklarına neden olmasını açıklayabileceği gösterilmiştir[2]. Ayrıca virüslerin hücre içine girmesinde ACE-2 ile birlikte rol oynayan bir hücre zarı proteini olan integrinin ekspresyonunu sağlayan genler T4 hormonu tarafından pozitif olarak etkilenmektedir. Bu yolak üzerinden de tiroid hormonlarının bu virüslerin hücre içine girişini olumlu etkileyebileceği yorumu yapılabilir[3].

COVID-19 semptomları arasında en özgün olanlarından biri de tat ve koku kaybıdır. Nazal nöroepitelde yer alan olfaktör soğancık içindeki olfaktör reseptörlerin üzerinde de tiroid bezinde olduğu gibi bol miktarda ACE-2 ve TMPRSS2 re-

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Akılda kalması gerekenler

- Acil olmayan endokrinolojik cerrahi işlemler ertelenmeli, olabildiğince medikal tedaviler tercih edilmeli,
- COVID-19'un tüm organ ve sistemlere zararlı etkileri olabileceği unutulmamalı, komplikasyonlar buna göre değerlendirilmeli,
- Hastalarla yapılan görüşmeler/muayeneler mümkün olduğunca uzaktan sağlanmalı, hastanede değerlendirme ancak acil durumlarda yapılmalıdır.
- Tedavisi tamamlanan hastalarda yeni semptomlar meydana gelebileceği unutulmamalı, bu hastaların takibi sağlanmalıdır.

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