

## COVID-19 VE BÖBREK

Hamad DHEİR<sup>1</sup>  
Savaş SİPAHİ<sup>2</sup>

### GİRİŞ

Şiddetli akut solunum sendromu (ARDS) yeni tip koronavirüsün (SARS-CoV-2) neden olduğu Coronavirus hastalığı 2019 (COVID-19), tüm dünyada salgın (pandemi) haline gelen ciddi bir halk sağlığı acil durumudur. SARS-CoV-2 akciğer dışında çoklu organ tutulumu yapar. COVID-19 nedeniyle yatırılan hastaların yaklaşık %30'unda böbrek disfonksiyonu (eGFR <60 ml/min/1.73 m<sup>2</sup>) ve %40'ında proteinüri ve mikroskopik hematüri tespit edilmiştir. Postmortem çalışmalarda böbreğin farklı yapılarında virüs izole edilmiştir. COVID-19'un böbrek tutulumu sonucunda, akut böbrek hasarı (ABH), akut tübüler hasar, akut glomerüler hasar ve trombotik mikroangiopatiye yol açabilir. Pandeminin ilk aylarında böbrek komplikasyonların insidansı nadirken ilerleyen zaman içinde böbrek tutulumu sıklığı gösterilmiştir.

COVID-19 ilişkili mortalite riskini artıran risk faktörleri içinde; ileri yaş, erkek cinsiyet, diabetes mellitus, hipertansiyon, kronik kalp hastalığı, kronik böbrek hastalığı (KBH), immünsüpre

hastalar sayılabilir. KBH'lıklı hastalar ister pre-diyalitik, isterse renal replasman tedavisi (RRT) alanlar olsun COVID-19 için bağımsız risk faktörü olarak değerlendirilir.

Kronik hemodiyaliz (HD) veya kronik periton diyaliz (PD) programında olan hastaları pandemi sürecinde yönetmek sağlık personeli açısından zordur. Akut primer glomerülo nefrit tanısı olan hastalara immünsüpresif tedavisi sürdürülmesi veya başlanması kararı hekimi zorlamaktadır. Böbrek nakli olacak veya nakil olmuş hastaların özellikle posttransplant ilk 6 ay boyunca yüksek doz immünsüpresif ilaçlarına maruz kalacakları için COVID-19 pnömonisine bağlı akut solunum yetmezliği gelişme riski ve dolayısıyla greft ve hasta sağkalımı olumsuz etkileyecektir.

COVID-19 ve böbrek hastalığı hakkında birçok bilgi öğrenmiş olsak da, uzun vadeli sonuç çalışmaları, daha fazla renal hastalık gelişme riski ve mortalite riski taşıyan hastaların belirlenmesine yönelik modeller için halen birçok soru mevcuttur.

<sup>1</sup> Doç Dr, Sakarya Üniversitesi Eğitim ve Araştırma Hastanesi Nefroloji Bilim Dalı, hamaddheir@sakarya.edu.tr

<sup>2</sup> Prof Dr, Sakarya Üniversitesi Eğitim ve Araştırma Hastanesi Nefroloji Bilim Dalı, ssipahi@sakarya.edu.tr

akut böbrek hasarı ve nefritik sendrom bulguları eşlik etmektedir.

- COVID-19 hastalığına bağlı gelişen akut böbrek hasarı sıvı dengesizliği ve aşırı yük ile karakterize olup özellikle şiddetli COVID-19 tipinde daha sıktır. Sürekli Böbrek replasman tedavisi gerektirebilir.
- Diyaliz hastaları, primer glomerülonefrit hastalar ve böbrek nakli hastaları COVID-19 hastalığına bağlı mortalite oranları normal popülasyona göre daha yüksektir.
- Özellikle hemodiyaliz hastaları tedavinin özelliği gereği diyaliz merkezlerine gitmek zorunda olduklarından diyaliz merkezlerinde de ek önlemler alınma zorunluluğu vardır.
- Pandemi sürecinde böbrek nakli sakıncalı olabilir. Kadavra nakilleri ve özel durumlarda gerekli önlemler alınarak böbrek nakli operasyonları gerçekleştirilebilir.
- COVID-19'a yakalanan böbrek nakil hastaların çoğu hastaneye yatırılarak tedavisi düzenlenmelidir. Semptomatik olan hastalarda Antimetabolitlerin kesilmesi, kalsinörin inhibitörlerin doz azaltımı ve steroid tedavi dozu artırılması önerilmektedir.

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