BÖLÜM 31

# HİPERKOAGÜLABİLİTE, ANTİKOAGÜLAN TEDAVİLER VE COVID-19

*Yasin KALPAKÇI*[1]
*Aysun ŞENGÜL*[2]

## GİRİŞ

İlk olarak Aralık-2019'da Çin, Hubei Eyaleti, Wuhan şehrinde nedeni bilinmeyen pnömoni vakaları olarak ortaya çıkan ve 7 Ocak 2020'de yeni tip patojenik koronavirüs olarak tanımlanan COVID-19 (SARS-CoV-2) pandemisinin etkileri tüm dünyada yayılarak devam etmektedir[1]. COVID-19, çoğu vakada asemptomatik veya hafif-orta şiddette enfeksiyona yol açarken, duyarlı ve riskli kişilerde ciddi viral pnömoni, akut respiratuar distres sendromu (ARDS), multi organ yetmezliği, tromboembolik ve kardiyak komplikasyonlara neden olarak ölümle sonuçlanmaktadır. COVID-19'un trombotik komplikasyonları, ciddi hastalığı olanlarda sık görülmesi ve olumsuz klinik sonuçlar doğurması nedeniyle dikkati çekmektedir [2].

COVID-19 ilişkili ilk pulmoner tromboemboli (PTE) vakası 16 Mart 2020'de bildirildi [3]. Kritik hastalığı olan COVID-19 hastalarında trombotik komplikasyon sıklığı %79'a kadar bildirilmiştir [4]. Yoğun bakımda yatan hastalarda tromboz riskinde artış, mortalite ve morbiditenin iyi bilinen bir nedenidir. Kritik hastalığı olan COVID-19 vakalarında, diğer hastalardan çok daha yüksek oranda trombotik komplikasyonların gelişerek mortaliteyi belirgin arttırması, bu hastalarda tromboz mekanizmalarının da farklı olduğunu düşündürmektedir.

COVID-19 ilişkili hiperkoagülabilite kendine has özellikler içerir ve henüz mekanizmaları tam olarak anlaşılamamıştır. Kontrolsüz inflamatuar yanıt, trombosit hiperreaktivitesi, endotel disfonksiyonu, immobilitenin katkıda bulunduğu COVID-19 ilişkili koagülasyon artışına, kendine has özellikler nedeniyle '**tromboinflamasyon**' ya da '**immunotromboz**' gibi tanımlamalar yapılmaktadır [5].

COVID-19 ilişkili venöz ve arteriyel trombozlar hastalık şiddetiyle birlikte çok yüksek oranlara ulaşarak mortalitenin en önemli belirleyicilerinden olmuştur. Bu açıdan trombotik komplikas-

[1] Uzm. Dr, Sakarya Üniversitesi Eğitim Araştırma Hastanesi Hematoloji Bölümü, dr.yasin@live.com
[2] Doç. Dr, Sakarya Üniversitesi Tıp Fakültesi Göğüs Hastalıkları ABD, aysunsengul@sau.edu.tr

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