Bölüm 5

PROTON POMPA İNHİBİTÖRLERİ YAN ETKİLERİ

Deniz ÖĞÜTMEN KOÇ[1]

İlk olarak 1989'da onaylanan proton pompa inhibitörleri (PPI), dünyada en sık kullanılan ilaçlar arasındadır. Amerika Birleşik Devletleri Gıda ve İlaç İdaresi (FDA) tarafından PPI'lar, gastroözefajial reflü hastalığı ve Barrett özefagus semptomlarını kontrol etme ve önlemede, nonsteroid antiinflamatuar ilaçlar ile ilişkili kanama profilaksisinde, peptik ülser hastalığında, aşırı mide asit salgısını kontrol etmek için Zollinger-Ellison sendromunda ve Helicobacter pylori (H. Pylori) eradikasyonunda onaylanmıştır. PPI'lar (omeprazol, lansoprazol, pantoprazol, rabeprazol, esomeprazol) benzimidazol türevleridir, gastrik pariyetal hücrelerde bulunan hidrojen/potasyum ATPaz (H^+/K^+-ATPaz) enzimine irreversibl olarak bağlanarak gastrik asit üretimini doz bağımlı olarak azaltırlar (1). PPI'lar hepatik sitokrom P450 enzim sisteminden CYP2C19 ve CYP3A4 tarafından metabolize olurlar. Rabeprazol ağırlıklı olarak non-enzimatik yol ile ve az oranda da CYP2C19 ve CYP3A4 ile metabolize olur (2). PPI metabolizmasında baskın role sahip CYP2C19 enzimi için iki inaktive edici mutasyon tanımlanmıştır ve mutasyona sahip bireylerde PPI'ların metabolizması gecikebilir (yavaş metabolizörler) (3). CYP2C19 enzimi yavaş metabolize edenlerde, standart doz PPI ile daha güçlü asit inhibisyonu elde edilirken, hızlı metabolize edenlerde asit inhibisyonu yapılamaz ve PPI'ların belirli aralıklarla yüksek doz verilmesi gerekir (2). PPI'ların hepatik sitokrom

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