

Bölüm 6

VİRAL HEPATİTLERDE SARILIK

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GİRİŞ

Sarılık hemolitik, hepatik ya da mekanik nedenlerle serum bilirubin seviyesinin 2 mg/dL üzerine çıkmasıyla karakterize bir durumdur. Erişkin ve çocuklarda normal serum bilirubin konsantrasyonu 1 mg/dL'nin altındadır. Bunun %5 'inden daha azı konjuge formda bulunur. Sarılığın ilk fark edildiği yer skleralardır. Serum bilirubin düzeyi arttıkça deri ve mukozalarda da görülür. Başlıca artan bilirubin tipine göre hiperbilirubinemi 2 ana kategoride incelenebilir :

- 1) Bilirubin aşırı üretimi, karaciğer tarafından alım bozukluğu ya da bilirubin konjugasyonundaki anormalliğin neden olduğu indirekt bilirubin artışı (Şekil 1).
- 2) Hepatoselüler hastalıklar, bozulmuş sinüzoidal atılım, direkt bilirubinün geri alımında eksiklik ve biliyer tıkanmanın neden olduğu hem direkt hem de indirekt bilirubin artışı (Şekil 2).

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Sonuç olarak; viral hepatitlere bağlı gelişen hiperbilirubinemilerde tanıya yaklaşımda endemik bölgeye seyahat, ailede karaciğer hastalığı, korunmasız cinsel temas, damar içi ilaç kullanımı, hijyen koşulları ve bağışıklık sistemini baskılayan herhangi kronik hastalık öyküsü sorgulanmalı ve buna yönelik ileri tetkikler istenmelidir. Viral hepatitlerin önlenmesinde en önemli basamak korunmadır. Ülkemizde aşıyla korunulabilen hepatit A ve B için yenidoğan döneminden itibaren aşı uygulaması yapılmaktadır. Hepatit C için ise akut ya da kronik dönemde tedavi seçeneği mevcuttur ve %95'in üzerinde kür gerçekleşmektedir. Hepatit prevalansının yüksek olduğu bölgelerin belirlenmesi, risk gruplarının taranması ve toplumda farkındalığın artırılmasına yönelik eğitim programlarının yapılması hastalığın sağaltımında önem arz etmektedir.

KAYNAKLAR

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