

Bölüm 25

AKUT VE KRONİK PANKREATİTTE BESLENME

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GİRİŞ

Pankreas, fonksiyonel olarak endokrin ve ekzokrin bez salgıları olan anatomik olarak retroperitoneal yerleşimli organdır. Pankreatitler en sık görülen pankreas hastalığıdır. Pankreatitler akut ve kronik pankreatit olarak ikiye ayrılır. Akut pankreatit, kanda ve/veya idrarda pankreas enzimlerinin artış gösterdiği ani başlangıçlı karın ağrısı ile karakterize hastalıktır (1). Akut pankreatitte sıklıkla pankreasta morfolojik değişikliğe rastlanır. Kronik pankreatit, ağrısız veya tekrarlayan karın ağrılarının olduğu diyabet gibi pankreas yetmezlik bulgularının gözlendiği pankreas hastalığıdır (1). Akut ve kronik pankreatitli hastalarda özellikle sindirim metabolizmasında görülen değişiklikler sebebiyle beslenme stratejisi önemli yer tutmaktadır.

AKUT PANKREATİTTE BESLENME

Akut pankreatit pankreasın en fazla görülen hastalığıdır. Akut pankreatit insidansı 100.000'de 13 ile 45 arasında değişmektedir (2). Patogenezinden normalde inaktif olan pankreas enzimlerinin çeşitli faktörlerle etkileşerek aktif hale geçmesi ve pankreas hücrelerini sindirmesi sonucu gelişen inflamasyon yer almaktadır (3). En sık akut pankreatit nedenleri safra kanal taşları ve alkol kullanımımıdır. İlaç etkileşimleri, pankreasın solid ve kistik tümörleri, iatrojenik (post- ERCP) ve hipertansiyon diğer nadir sebeplerdir (4).

Akut pankreatitler hastalığın şiddetine göre üçe ayrılır. Organ yetmezlik bulgularının gözlenmediği, sistemik ve lokal komplikasyonun olmadığı vakalar hafif akut pankreatit olarak sınıflandırılır. 48 saat içinde kendini sınırlayan organ yetmezlik bulgularının görüldüğü akut pankreatit olguları orta şiddetli akut pankre-

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