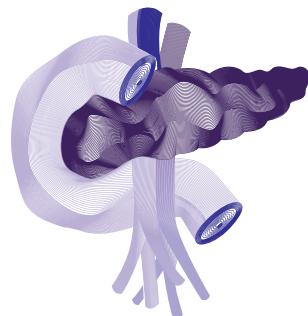


Bölüm 7

Akut Pankreatitte Medikal Tedavi



Ayberk DURSUN¹

Giriş

Akut pankreatit (AP) günümüzde tiptaki yeniliklere ve güncel tedavilere rağmen, tüm dünyada hala önemli morbidite ve mortalite nedenlerinden biridir ve görülme sıklığı giderek artmaktadır (1). Akut pankreatitin şiddeti Atlanta Sınıflamasına göre sınıflandırılmıştır ve tedavisi hastalığın şiddetine bağlı olarak değişmektedir (2). Prognozu temel olarak pankreatik/ peripankreatik nekroz, nekroza bağlı gelişen enfeksiyon veya pankreatite bağlı oluşan organ yetmezliği belirler (3). Akut pankreatitin medikal tedavisi sıkılıkla hastanede yapılmaktadır. Şiddetli pankreatiti olan veya komorbiditesi olan hastalara erken tanı konulması ve bu hasta gruplarının ileri merkezlere yönlendirilmesi tedavide öncelikli konulardan biridir (4).

Hastaların çoğu yaklaşık 1 hafta içinde düzelen hafif akut pankreatit kliniği ile başvurur ve bu gruptaki akut pankreatitte hastalık kendi kendini sınırlar (3). Fakat hastaların yaklaşık %20'sinde pankreatik/ peripankreatik nekroz ve organ yetmezliği tablosunun görüldüğü orta veya şiddetli akut pankreatit kliniği gelmişir ve bu hastalarda mortalite oranı %20-40 arasındadır (5,6).

Akut pankreatitin yönetimi

Polikliniklerde veya acil serviste akut pankreatit tanısı konduktan sonra ilk yapılması gereken hastalığın şiddetini belirlemek ve hastalığın tedavisine bu de-

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Endokrin pankreas yetmezliği AP sonrası görülen bir diğer klinik patolojidir. Başka bir meta analizde ilk AP atağından sonra %23 oranında diyabet görüldüğü bildirilmiştir ve rehberlerde "postpankreatit diyabet" olarak isimlendirilmiştir (55,56). Postpankreatik diyabetli hastalarda görülen mortalite ve hastabede yarış riski normal diyabet hastalarına göre daha yüksek olduğu düşülmektedir (57). Postpankreatit diyabetin tedavisinde tip 2 diyabet tedavisi ve yaşam tarzı değişiklikleri önerilir (58).

Sonuç

Akut pankreatit ile ilgili son yıllarda yayınlanan geniş meta-analizler ve klinik çalışmalar sonucunda akut pankreatitin tedavisinde multidisipliner değerlendirmenin, kişiye ve hastalığın şiddetine özel yaklaşımların önemi artmış; minimal invaziv yöntemler daha ağırlıklı rol oynamaya başlamıştır. Akut pankreatitin medikal tedavisindeki önemli değişikliklerin başında uzun süreli bağırsak istirahati yaklaşımının ve profilaktik antibiyotik kullanımının terk edilmesi gelmektedir. Güncel rehberlerde erken dönemde yeterli kaloriye sahip oral beslenme ve sadece gerekli klinik durumlarda antibiyotik kullanımı önerilmektedir. Medikal tedavideki en önemli aşamalar ağrının kesilmesi, uygun sıvı replasmanının ve beslenme desteğinin sağlanmasıdır. Fakat tedavide ve yoğun bakımındaki tüm gelişmelere rağmen, şiddetli akut pankreatit hala yüksek mortalite oranlarına sahiptir.

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