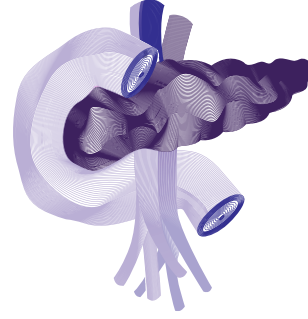


Bölüm 8

Akut Pankreatitin Cerrahi Yönetimi



Mustafa GÖZTOK¹

Giriş

Akut pankreatit, ödem ve şiddetli nekroz ile karakterize pankreasın inflamatuvar bir hastalığıdır. Daha çok safra taşları ve aşırı alkol kullanımı sonucu oluşmaktadır. Çoğu hastada hastalık, orta düzeyde sıvı resüsitasyonunun, ağrı ve mide bulantısının yönetimi ve erken oral beslenmenin hızlı klinik iyileşme ile sonuçlandığı hafif bir seyir izler. Pankreasın hafif, kendi kendini sınırlayan enflemasyonundan, enfekte pankreas nekrozu, çoklu organ yetmezliği ve yüksek mortalite ile karakterize ciddi ve kritik hastalığa kadar uzanır (1).

Akut pankreatitin klinik tanımı ilk olarak 1652'de Hollandalı anatomist Nicholas Tulp tarafından sunuldu ve aradan yaklaşık 350 yıl geçmesine rağmen hastalık hakkında hala cevaplanmamış birçok soru var (2).

Birleşik Devletler'de rapor edilen yıllık akut pankreatit insidansı 100.000 popülasyonda 4.9 ila 35 arasında değişmektedir (3). Akut pankreatit insidansı, artan obezite ve safra taşı oranları nedeniyle dünya çapında artmaktadır (4).

Etiyoloji

Akut pankreatitin oluşumuyla ilgili çok fazla neden tespit edilse de pankreatit oluşum mekanizması tam anlamıyla açıklanamamıştır. Etiyolojik nedenler arasında safra taşları ve alkol vakalarının yaklaşık %80'i ne neden olmaktadır (5).

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Pankreas nekrozu için debridman yapılan hastalarda bildirilen ölüm oranı yüzde 4 ila 25 arasında değişmektedir. Mortalite oranı nekrozun boyutu, altta yatan organ yetmezliği ve nekrotik dokunun enfeksiyonu ile ilişkilidir.

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