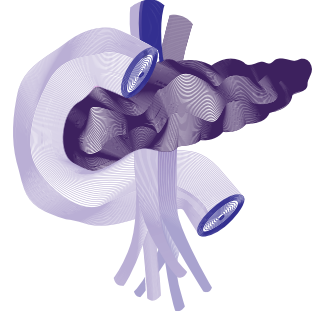


Bölüm 36

Pankreatik Yetmezlik Yönetimi



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Giriş

Pankreas karın içinde retroperitoneal alanda bulunur ve anatomik olarak üst gastrointestinal sistemin kavşak noktası olarak nitelendirilebilecek bir konumda yerleşim gösterir. Fonksiyonel olarak ise pankreas, salgıladığı insülin ve glukagon gibi hormonlar nedeniyle endokrin sistemin; amilaz, tripsin ve lipaz gibi enzimler nedeniyle de gastrointestinal sistemin önemli bir bileşenidir. Pankreasın nörohormonal uyarılar ile ürettiği enzimler, pankreatik kanallar aracılığı ile duodenuma sekrete edilir ve mideden gelen gıdanın sindiriminde önemli bir rol oynar. Bu yolağın herhangi bir basamağında aksaklık gelişmesi durumunda, pankreasın “ekzokrin salgıları” olarak da bilinen bu enzimler, mideden gelen içerik ile buluşamaz veya gıdaların sindiriminde yetersiz kalır; ki bu durum, ekzokrin pankreas yetmezliği (EPY) olarak tanımlanır.

Ekzokrin pankreas yetmezliğinin toplumdaki gerçek insidansı net olarak bilinmemektedir ⁽¹⁾. Bununla birlikte, literatürde bu hastalığın belirtilen oranlardan daha sık görüldüğü konusunda görüşler de bildirilmiştir ⁽²⁾. Hastalığın etyolojisinde birçok faktörün rol oynamasının yanısıra tanı ve tedavisinin yetersiz yapıldığına dair olan inanışın, literatürde belirtilen düşük prevalansın ana nedeni olduğu düşünülmektedir ⁽³⁾.

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kenlerin uzaklaştırılmasını ve pankreatik enzim replasman tedavisini içermektedir. Enzim replasman tedavisine rağmen tedaviye yanıt alınamayan hastalarda PERT'e PPI'nin eklendiği sekonder tedavi yöntemlerine geçilmelidir. Sekonder tedavilere de yanıt alınamaması durumunda mevcut tedavi safra asitleri ve probiyotikler ile kombine edilmelidir.

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