

Bölüm 19

KARACİĞER SİROZU KOMPLİKASYONLARI TANI VE TEDAVİSİ

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GİRİŞ

Siroz, karaciğer parankim dokusunun kaybı, rejeneratif nodüllerin oluşumu hepatosellüler yetmezlik ve portal hipertansiyon bulguları ile seyreden kronik, ilerleyici karaciğer hastalığının son evresidir. Geçmişte irreversibl olarak tanımlanırken günümüzde erken tanı ve tedaviyle fibrozisin iyileştirilebildiği gösterilmiştir. Bu bölümde karaciğer sirozu ile ilişkili komplikasyonların tanı ve tedavisi literatür eşliğinde anlatılması amaçlandı.

Siroz klinik olarak ikiye ayrılır;

1-Kompanse siroz

2-Dekompanse siroz

Siroz Komplikasyonları:

- Asit (%33)
- Özefagus varisleri ve kollateraller (%15)
- Hepatik ensefalopati (%7)
- Spontan bakteriyel peritonit
- Hepatorenal sendrom
- Hepatosellüler karsinom
- Hepatopulmoner sendrom
- Hepatik hidrotoraks
- Portopulmoner sendrom
- Koagulopati ve kanama diyatezi

Portal akım ve intrahepatik direnç artışı sonucu gelişen portal hipertansiyon siroz komplikasyonlarının ana nedenidir. Vasküler dokuda fibrozis, rejeneratif nodüller, mikrotrombüslere bağlı vasküler distorsiyon oluşumu ve nitrik oksit (NO) biyoyararlanımının azalması sonucu endotelial disfonksiyon gelişimine bağlı vasküler tonusta artma intrahepatik direnç artışından sorumlu nedenler-

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KAYNAKÇA

1. Bosch J, Groszmann RJ, Shah VH. Evolution in the understanding of the pathophysiological basis of portal hypertension: How changes in paradigm are leading to successful new treatments. *J Hepatol* 2015 Apr;62(1S):S121-S130.
2. Garcia-Tsao G, Abraldes J, Berzigotti A, Bosch J. Portal Hypertensive Bleeding in Cirrhosis: Risk Stratification, Diagnosis and Management - 2016 Practice Guidance by the American Association for the Study of Liver Diseases. *Hepatology* 2017 Jan 1;65(1):310-335.
3. Bernardi M, Moreau R, Angeli P, Schnabl B, Arroyo V. Mechanisms of decompensation and organ failure in cirrhosis: From peripheral arterial vasodilation to systemic inflammation hypothesis. *J Hepatol* 2015 Nov;63(5):1272-1284.
4. Planas R, Montoliu S, Balleste B, Rivera M, Miguel M, Masnou H, Galeras JA, et al. Natural history of patients hospitalized for management of cirrhotic ascites. *Clin Gastroenterol Hepatol* 2006;4: 1385-1394.
5. KASL (The Korean Association for the Study of the Liver) clinical practice guidelines for liver cirrhosis: Ascites and related complications: Clinical and Molecular Hepatology 2018;24:230-277
6. Santos J, Planas R, Pardo A, Durandez R, Cabre E, Morillas RM, Granada ML, et al. Spironolactone alone or in combination with furosemide in treatment of moderate ascites in nonazotemic cirrhosis. A randomized comparative study of efficacy and safety. *J Hepatol* 2003;39:187-192.
7. The American Association for the Study of Liver Diseases, Management Adult Patients with ascites Due to Cirrhosis :Update 2012
8. Bernardi M, Carceni P, Navickis RJ, Wilkes MM. Albumin infusion in patients undergoing large-volume paracentesis: a meta-analysis of randomized trials. *Hepatology* 2012;55:1172-1181.
9. Bureau C, Thabut D, Oberti F, Dharancy S, Carbonell N, Bouvier A, et al. Transjugular Intrahepatic Portosystemic Shunts With Covered Stents Increase Transplant-Free Survival of Patients With Cirrhosis and Recurrent Ascites. *Gastroenterology* 2017 Jan;152(1):157-163.
10. Cardenas A, Gines P, Marotta P, Czerwiec F, Oyuang J, Guevara M, Afdhal NH. Tolvaptan, an oral vasopressinantagonist, in the treatment of hyponatremia in cirrhosis.
11. *JHepatol* 2012;56:571-57811-Piano S, Fasolato S, Salinas F, Romano A, Tonon M, Morando F, et al. The empirical antibiotic treatment of nosocomial spontaneous bacterial peritonitis: results of a randomized, controlled clinical trial. *Hepatology* 2016;63:1299-1309.
12. Lutz P, Parcina M, Bekeredjian-Ding I, Nischalke HD, Nattermann J, Sauerbruch T, et al. Impact of rifaximin on the frequency and characteristics of spontaneous bacterial peritonitis in patients with liver cirrhosis and ascites. *PLoS One* 2014;9:e93909.
13. Angeli P, Gines P, Wong F, Bernardi M, Boyer TD, Gerbes A, et al. Diagnosis and management of acute kidney injury in patients with cirrhosis: revised consensus recommendations of the International Club of Ascites. *Gut* 2015;64:531-537.
14. Nadim MK, Kellum JA, Davenport A, Wong F, Davis C, Pannu N, et al. Hepatorenal syndrome: the 8th International Consensus Conference of the Acute Dialysis Quality Initiative (ADQI) Group. *Crit Care* 2012;16:R23.
15. Garcia-Tsao G, Bosch J. Management of varices and variceal hemorrhage in cirrhosis. *N Engl J Med* 2010;362:823-832.
16. EASL Clinical Practice Guidelines for the management of patients with decompensated cirrhosis; European Association for the Study of the Liver *Journal of Hepatology* 2018; vol. 69:406-460
17. Hwang JH, Shergill AK, Acosta RD, Chandrasekhara V, Chathadi KV, Decker GA, et al. The role of endoscopy in the management of variceal hemorrhage. *Gastrointest Endosc* 2014;80:221-227.
18. Monescillo A, Martínez-Lagares F, Ruiz-del-Arbol L, Sierra A, Guevara C, Jiménez E, Marrero JM, Buceta E, Sánchez J, Castellet A, Peñate M, Cruz A, Peña E. Influence of portal hypertension and its early decompression by TIPS placement on the outcome of variceal bleeding. *Hepatology* 2004;40: 793-801 [PMID: 15382120 DOI: 10.1002/hep.20386]

19. Reprinted with permission from Jalan R, Hayes PC. UK guidelines on the management of variceal haemorrhage in cirrhotic patients. British Society of Gastroenterology. Gut 2000;46(suppl 3-4):III6.
20. American Association for the Study of Liver D, European Association for the Study of the L. Hepatic encephalopathy in chronic liver disease. Practice guideline by the European Association for the Study of the Liver and the American Association for the Study of Liver Diseases. J Hepatol. 2014;2014(61):642–59.
21. Als-Nielsen B, Gluud LL, Gluud C. Nonabsorbable disaccharides for hepatic encephalopathy. Cochrane Database Syst Rev 2004;2:CD003044.
22. Stauch S, Kircheis G, Adler G, et al. Oral L-ornithine- L-aspartate therapy of chronic hepatic encephalopathy: Results of a placebo-controlled double-blind study. J Hepatol 1998;28:856-6
23. Park JG, Tak WY, Park SY, Kweon YO, Jang SY, Lee YR, et al. Effects of branched-chain amino acids (BCAAs) on the progression of advanced liver disease: a Korean nationwide, multicenter,retrospective, observational, cohort study. Medicine (Baltimore) 2017;96:e6580.
24. Tarao K, Ikeda T, Hayashi K, et al. Successful use of vancomycin hydrochloride in the treatment of lactulose resistant chronic hepatic encephalopathy. Gut 1990;31:702-6.
25. Bucci L, Palmieri GC. Double-blind, double-dummy comparison between treatment with rifaximin and lactulose in patients with medium to severe degree hepatic encephalopathy. Curr Med Res Opin 1993;13:109-18
26. Gentile S, Guarino G, Romano M, et al. A randomized controlled trial of acarbose in hepatic encephalopathy. Clin Gastroenterol Hepatol 2005;3:184-91.
27. Machicao VI, Balakrishnan M, Fallon MB. Pulmonary complications in chronic liver disease. Hepatology 2014;59:1627-1637.
28. Yu BC, Chung M, Lee G. The repair of umbilical hernia in cirrhotic patients: 18 consecutive case series in a single institute. Ann Surg Treat Res 2015;89:87-91.
29. Rodríguez-Roisin R, Krowka MJ, Hervé P, Fallon MB. Pulmonary-Hepatic vascular Disorders (PHD). Eur Respir J 2004;24: 861-880 [PMID: 15516683 DOI: 10.1183/09031936.04.00010904]