Bölüm
8

# KARACİĞERİN ABSELERİ VE PARAZİTER ENFEKSİYONLARI

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## GİRİŞ

Karaciğer birçok sistemik enfeksiyon hastalığından etkilenebilir. Piyojenik abseler, paraziter hastalıklar, mantar ve virüslerin etken olduğu primer enfeksiyonlar ile birlikte sistemik enfeksiyonlarda, karaciğer enfeksiyonlarının oluşumunda etkili faktörlerdir (1).

Dünya çapında karaciğer abselerinin en sık sebebi *Entamoeba histolytica* iken gelişmiş ülkelerde en sık sebep piyojenik abseler'dir. Fungal enfeksiyonlar daha çok kemoterapi uygulanan immünsüpresyon durumlarda görülür. Parazitik enfeksiyonlar ise Asya, Afrika ve Güney Amerika gibi endemik bölgelere seyahat öyküsü olan kişilerde meydana gelir (1,2).

Bu bölümde karaciğer pyojenik absesi, amip absesi ve paraziter hastalıklar ile diğer enfeksiyöz hastalıkların etyoloji, klinik ve radyolojik bulguları ile tedavi yönetimi değerlendirilecektir.

## KARACİĞER ABSELERİ

### Piyojenik Abseler

Piyojenik karaciğer abseleri Hipokrat döneminden bu yana bilinmektedir. Visseral abselerin sık görülen tipidir (3). Yaklaşık %10-40 oranında hayatı tehdit edici mortalite ve morbiditeye sahiptir. Reküren kolanjit gibi biliyer trakt hastalıkları, apandisit, divertikülite bağlı portal piyemi ve hematojenyol en sık görülen nedenlerdir. Enfeksiyöz organizmaların karaciğere girişi, portal ven, hepatik arter, biliyer trakttan asenden yolla, komşuluk yolu ya da travmatik nedenler ile olmaktadır. Piyojenik abselerin oluşumunda bakteriler en sık portal ven yolu ile karaciğere ulaşmaktadır. Sağ ve sol portal ven bifurkasyon anatomisindeki faklılık nedeni ile abse sıklıkla sağ lobta görülmektedir (4-6). Parazitik enfeksiyon zemininde gelişen süperenfeksiyon da diğer bir neden'dir (5-7). Karaciğer rezeksiyonu, karaciğer transplantasyonu, pankreatikodudenektomi, radyofrekans ablasyon, kemoembolizasyon, karaciğer kist enfeksiyonu ve tümör nekrozu nedeni ile de karaciğer absesi görülebilir (7).

Piyojenik abse olgularında nonspesifik semptomlar görülebilir, başvuru semptomları değişkenlik gösterebilir. Ateş, sağ üst kadran ağrısı, sarılık, halsizlik, yorgunluk, bulantı, kusma ve kilo kaybı sık görülen semptomlardır. Sarılık geç dönemde ortaya çıkabilir. Bazı olgular ise septik tabloda başvurabilmektedir (6-8). Fizik muayenede sağ üst kadranda rebaund ve hepatomegali saptanabilir. Lökositoz, karaciğer fonksiyon testlerinde bozulma, sedimantasyon ve C-reaktif protein yüksekliği laboratuar bulgularındandır. Kan kültürlerinde olguların yaklaşık yarısında üreme olmaktadır. Piyojenik karaciğer abselerinde kültürlerde en sık *E.Coli*, ve multibakteriyel ajanlar tespit edilmiştir. Bazı çalışmalarda steril abse olarak ifade edilen durumlar genellikle yetersiz anaerobik kültür çalışmaları nedeni ile oluşur. Modern aneorobik kültür çalışmaları ile % 50 oranında anaerobik bakterilerin tespiti yapılmıştır (6-9).

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F. Gigantica'nın teşhisi zor olabilir. Yumurtaları dışkıda sıklıkla saptanmaz ve genellikle seroloji yetersiz kalır.

Tedavisi F. Hepatika ile aynıdır (103).

## MANTAR ENFEKSİYONLARI

Karaciğerin mantar enfeksiyonları sıklıkla immünsüprese veya hematolojik hastalıklarda sistemik hastalığın karaciğer tutulumu olarak görülür. En sık etken *Candida Albicans*'tır. Klinik bulgularla tanı konulması zordur. Vakaların yarısında kan kültüründe üreme saptanır. Tanı için görüntüleme yöntemleri önemlidir. Diğer etkenler kriptokok, histoplazmozis ve mukormikozis'tir (104,106).

### Sonuç

Karaciğerin enfeksiyöz hastalıkları coğrafik bölgeye göre sıklığı değişebilen, tanı ve tedavisi birbirinden farklı yöntemler gerektirebilen, bazı olgularda mortalite ve morbiditesi yüksek olan ve deneyimli merkezlerde takip ve tedavi edilmesi gereken hastalıklardır.

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