Bölüm
32

KRONİK PANKREATİT

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GİRİŞ

Kronik pankreatit, pankreas bezinin fibro-inflamatuar bir hastalığı olup , asiner ve adacık hücrelerinin kaybıyla seyreden progresif bir hastalıktır(1). Tekrarlayan inflamasyonlar sonrası gelişen hücre kaybbı, pankreasın endokrin ve ekzokrin fonksiyonlarında yetmezliğe neden olmaktadır(2). Hastalık genel olarak karın ağrısı, endokrin ve ekzokrin yetmezlik, son olarak da ikincil pankreas kanseri şeklinde prezente olabilir(3). Erken evrelerinde tekrarlayan akut pankreatit atakları ve karın ağrısı gözlenirken, ileri dönemlerde, skleroz, kalsifikasyon, diyabetes mellitus, steatore gibi bulgular karşımıza çıkmaktadır.

Epidemiyoloji

Kronik pankreatitin yaygınlığına dair az sayıda çalışma bulunması nedeniyle elimizdeki veriler çoğunlukla büyük merkezlerdeki kaytlardan oluşmaktadır. Bununla beraber kronik pankreatit Avrupa ve Amerika Birleşik Devletleri'nde (ABD) hala önemli bir ölüm sebebidir (4).ABD'de yıllık insidans 100000'de 4.4-11.9 arasında değişmekte olup, prevalansı 100000'de 36.9-41.8 arasında değişmektedir(5-6).Bununla birlikte hastalığın daha anlaşılır hale gelmesi ve ortalama yaşam süresinin 15-20 yıl gibi uzun olması nedeniyle prevalansın 100000'de 120-143 arasında değiştiğini ifade eden çalışmalar vardır (7).

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Etyoloji ve Risk Faktörleri

Kronik pankreatitin tipik morfolojisi inflamasyon, kalsiyum depozitleri, pankreatik kanalda değişiklikler veya psödokist şeklindedir. Hastaların çoğunluğu erkek olup 5. veya 6. dekatta tanı alırlar . Hastalığın etyolojisi genel olarak alkol, genetik, hiperlipidemi ve idyopatik olarak sınıflandırılmaktadır (3). En sık etken ise alkol kullanımı olup, batı toplumlarında tüm vakaların yaklaşık %40-70'i alkol kaynaklıyken Japonyada da benzer oranlar saptanmıştır. (8-9-10). Kadınlarda alkol kaynaklı kronik pankreatit sadece %28 oranında olup, idiyopatik nedenler ön plana çıkmaktadır(11)Hastaların birçoğunda birden fazla etyolojik faktörün bulunduğu görülmüştür. Riska faktörleri TIGAR-O (The Toxic-Metabolic, Idiopathic, Genetic, Autoimmun, Recurrent and Severe Acute Pancreatitis) sistemi ile sınıflandırılmış olup, bir veya birden fazla risk faktörünün hangi mekanizma ile kronik pankreatite neden olduğunu analamamıza yardımcı olur(Tablo1).

Risk Faktörleri

Alkol

Tüm kronik pankreatitlerin yaklaşık %65 i alkol kaynaklıyken , hastalığın alkol dozu ile ilişkisi saptanmıştır.Alkolun etkisi doz bağımlı olup, kadınlarda düşük dozlarda alkol alımına rağmen riskin daha fazla olduğu gözlenmiştir.NAPS2 çalışmasına göre günlük alkollü içecek tüketimi 5'in üzerinde olan kişilerde (60-80 gr etanol) kronik

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