Bölüm
41

PANKREATEKTOMİ SONRASI GELİŞEN KOMPLİKASYONLARIN TANI VE YÖNETİMİ

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GİRİŞ

Pankreas hastalıklarının cerrahi tedavisi diğer abdominal organlara göre oldukça zordur.Organın anatomik lokalizasyonu ve komşuluğunda bulunan hayati organlar cerrahiyi komplike hale getirmektedir.Son iki dekatta komplike pankreas ameliyatları azalan mortalite oranları ile daha sık yapılabilmektedir.Allen et all 2007;Cameron and He , 2015;Dimic et all,2004;Jernagin et all,2002;-Norton,et all,2012;Winter et all,2016

Mortalite oranlarında azalmaya rağmen morbidite oranlarında bir azalma olmamakta hatta bazı büyük serilerde özellikle major komplikasyonların aynı kaldığı belirtilmektedir.(%35-45) Cameron and He ,2015;Kreuetz et all , 2012;Nothon et all;2009;Vin et all,2008

Komplikasyon oranlarında bir azalma olmamasına rağmen mortalite oranlarında ortaya çıkan anlamlı düzelme komplikasyonları yönetmede sağlanan gelişmenin bir sonucudur. Bu başarı özellikle geliştirilen yüksek teknolojili görüntüleme yöntemleri ve komplikasyonlarla ilgili tecrübe birikiminin getirdiği erken tanı ve müdahale becerisi ile sağlanmıştır.Girişimsel radyoloji ve endoskopik işlemlerin sağladığı imkanlarda komplikasyonlar ile mücadele ederken çok önemli katkı sağlamaktadır.Bu nedenle radyologlarında komplikasyonları yöneten ekibin içinde yer alması kaçınılmaz hale gelmiştir.

Ameliyatın yapıldığı kliniğin yüksek volümlü bir merkez olması mortaliteyi azaltan en önemli etken olarak ortaya çıkması nedeni ile bu ameliyatların belirli merkezlerde yapılması önerilmektedir.(Mortalite oranları %25 lerden %2 lere kadar düşürülmüştür)

Bu bölümde pankreatektomi sonrası gelişen komplikasyonlar; işleme spesifik ve genel komplikasyonlar olarak iki grupta ayrılarak bu yazının konusu pankretektomi işlemine spesifik komplikasyonlar ve yönetimi olarak belirlendi. En sık karşılaşılan komplikasyonlar olarak Gecikmiş mide boşalımı (%8-45),pankreatik fistül (%3-30),hemoraji (%2-16),İntraabdominal apse (%1-14),yara yeri enfeksiyonu(%5-10) ve bilier komplikasyonlar (%3-9) dır.(Terhune K et all,2008)

Pankreatektomi sonrası komplikasyonların tanımlanmasında kullanılan kesin olmayan terminoloji ve tutarsızlıklar nedeni ile yakın zamana kadar litaratürde ortak bir kabul sağlanamamıştır.Bu tutarsızlıklar 2004 yılında Bassi ve arkadaşları tarafından belirlenmiş olup bunun üzerine ilk olarak oluşturulan Uluslararsı Pankreas Fistül çalışma grubu pankreas fistülünü tanımı ve sınıflandırmasını içeren standart yaklaşım gereğini kabul etti.(Bassi et all ,2005) Sonraki yıllarda oluşturulan Uluslararası Pankreas Cerrahisi çalışma grubu gecikmiş mide boşalımı ile hemoraji komplikasyonlarının tanımı ve sınıflaması konularında da çalışmalar yaptı.

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zordur çünkü bu hastalarda karaciğer fonksiyon testlerinin stabil olmaması tanı açısından gecikmeye neden olabilmektedir. Bilier MR tanı aşamasında yardımcı olur. Kolenjit; transepatik bilier drenaj ile tedavi edilir.

İntraabdominal Apse

Hastaların tekrar hastaneye yatırılmasının en önemli nedeni olup görülme oranı %3-8 arasındadır.(158) Yapılan randomize prospektive bir çalışmada dren koymanın apse oluşumunu engellemediği gösterilmiştir.(%6.8 vs %6.6)(159) Sıklıkla pankreatik ya da bilier fistüllerin üzerine yerleşmiş süper enfeksiyon ile oluşur. Özellikle pankreatikoduedonektomi öncesinde bilier sisteme yerleştirilen hastalarda olabilir.(160)(161)

Tedavisi septik bulguları olmayan stabil hastalarda girişimsel radyoloji ile yerleştirilen kataterle, septik bulgular olan hastalarda ise açık cerrahi girişimle yapılması önerilir.

Şilöz Asit

Pankreatektomi sonrası görülme oranı yüksek olmamakla birlikte (%3.4) özellikle cisterna shili'nin bulunduğu L1-L2 vertebra seviyesinde pankreas arkasında olması ve ameliyat sırasında yaralanması en önemli nedendir.

Endokrin Pankreas Yetmezliği

Özellikle pankreas dokusunun %80'inden fazlasının çıkarılması durumunda diabet gelişme riski vardır (%8) Kronik pankreatit hikayesi olan hastalarda bu risk daha fazladır. (%12-46)

Egzokrin Pankreas Yetmezliği

Pankreatikoduedonektomi sonrası %10-20 arasında semptomatik egzokrin yetmezlik görülür.Semptomlar; dispepsi, yemekler sonrası kramp tarzı ağrı, kötü kokulu gaita dır. Ancak ciddi bir komplikasyona neden olmadan oral pankreas enzim preparatları ile tedavi edilebilir.

Sonuç

Son yıllarda mortalite oranı anlamlı şekilde azalmıştır.(162)Pankreatektomi tipi mortaliteyi etkileyen önemli faktörlerden biridir.(Pankreatikoduedonektomi sonrası %9, distal pankreatektomi sonrası %3.5)(163)Mortaliteye etkili en önemli faktörlerden biri ameliyatın yapıldığı merkezin deneyimi olup yüksek volümlü merkezlerde bu oran DP de %1,PD de ise %3 oranında gerçekleşmektedir.(3)(5)(6)(7) Özellikle yapılan çalışmalar ile ameliyatın yapıldığı merkezin deneyimi mortalite için predictive bir değer olabileceği anlaşıldı.(162) (164)(165)(166) Bu hastalarda mortaliteye etkili olan diğer faktörler;hastanın yaşı,erkek cinsiyeti,komorbidite varlığı ve pankreas kanalının dilate olmaması olarak sıralanabilir.(163)(167)

Charlson ve arkadaşları tarafında yapılan skorlama ile pankreatektomi tipine ve hastanın ek hastalıklarına göre mortalite riski belirlenmiştir.Skoru 5 in altında olan hastalarda mortalite %2 ,6-9 arasında %6.2 ve 9 üzerinde olan hastalarda %13.9 olarak tesbit edilmiştir.(164)

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