

AKUT KOLANJİTLİ HASTAYA YAKLAŞIM

9. BÖLÜM

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GİRİŞ

Akut kolanjit, safra yollarında staz ve enfeksiyon sonucu gelişen ateş, sarılık ve karın ağrısı ile karakterize klinik bir sendromdur. Kolanjit ilk olarak Charcot tarafından ciddi ve hayatı tehdit eden bir hastalık olarak tanımlanmıştır (1).

ETİYOLOJİ

Safra kanalı stenti olmayan akut kolanjitli hastalarda en sık biliyer obstrüksiyon nedenleri safra taşı (yüzde 28 ile 70), benign safra darlığı (yüzde 5 ile 28) ve malignitedir (yüzde 10 ile 57) (2). Malign obstrüksiyon, safra kesesi, safra kanalı, ampulla, duodenum veya pankreasta tümör varlığına bağlı olabilir. İyi huylu safra darlıkları doğuştan, enfeksiyon sonrası (örn. AIDS kolanjiyopatisi) veya iltihaplı (örn. primer sklerozan kolanjit) olabilir.

Akut kolanjit, endoskopik retrograd kolanjiyopankreatografi (yüzde 0,5 ile 1,7), özellikle stent yerleştirilmesini takiben terapötik endoskopik retrograd kolanjiyopankreatografi sonrasında veya postoperatif olarak safra kanalı yaralanması veya daralmış biliyer-enterik anastomoz (pankreatikoduodenektomi, karaciğer transplantasyonu, karaciğer rezeksiyonu) sonrasında da ortaya çıkabilir.

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