15. BÖLÜM

KARACİĞER KİST HİDATİĞİ

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GİRİŞ

Hidatik hastalık yada ekinokokkozda hematojen yayılım primer olarak karaciğere olur fakat akciğer (%20), beyin ve kemik (%20) gibi organlara da yayılabilir. Dokuya yerleşim sonrasında sestod gelişimi yavaş büyüyen kist şeklinde olur. Etkilenen olguların %80'inde klinik bulgu tek organda solid kist şeklindedir[1]. Hidatik kistler sıklıkla anterior-inferior yada posterior-inferior segmentler olmak üzere genelde karaciğer sağ lobunu tutar [2].

PATOJENEZ VE ETYOLOJİ

İnsan enfeksiyonunda ilk aşama asemptomatik inkübasyon periyodudur. Karaciğerde dokuya yerleştikten sonra onkosferler kist oluşturmaya başlar. Kistler genellikle unioküler ve 1 cm ile 15 cm arasında her yere yerleşebilirler. Hepatik kistik ekinokokkozda, kist büyümesi yılda 1–2 mm ila 10 mm arasında değişir [3]. Enfeksiyondan 3 hafta sonra gözle görünür hidatik kist oluşur ve küresel bir şekilde yavaşça büyür. Konak dokusunda kist çevresinde perikist yada fibröz kapsül gelişir. Kist duvarı 2 kattan oluşur, dıştaki jelatinöz membran (ektokist) ve içteki germinal membran (endokist) [4]. İçteki germinal membran kist içine çıkıntı yapan ekinokok protoskolekslerini içerirler. Bazen kız kistler de kistin çevresinde oluşur fakat hastaların çoğunda tek solid kist bulunmaktadır. Kistler sıvı birikmesine bağlı yavaşça büyür ve zamanla semptomların oluşmasına yol açar [5].

SEMPTOMLAR

Klinik bulgu ve semptomlar lokalizasyona, boyuta, çevre organlarla ilişkisine ve komplikasyonlara bağlıdır [6]. Karaciğer kist hidatiği komplikasyonlar gelişmeden önce asemptomatiktir. Kistin semptomatik olması için temel mekanizmalar rüptür sonucu enfeksiyon ve anaflaksi olması, çevre dokulara fistül gelişimi ve çevre yapılara kitle etkisi oluşturmasıdır [7]. Enfekte olmuş hasta künt sağ üst kadran ağrısı yada karında distansiyonla başvurabilir[2]. Karaciğer hidatik kistlerinin yaygın klinik özellikleri şunlardır: Hepatik kitle, sağ hipokondriyal ağrı, bulantı ve kusma. Kronik enfeksiyon, bilier kolik, hepatomegali, fistül, abse, sarılık, asit, portal hipertansiyon ve inferior vena kava yada Budd-Chiari sendromu ile seyredebilir [8].

TANI

Karaciğer kist hidatiği için özel olarak kullanılabilinecek rutin çalışılan bir kan tahlili yoktur. Hiperbilirubinemi ve artmış alkalin fosfataz ve gama glutamil transferaz seviyeleri safra yoluna kist

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hidatiğinin toraks boşluğuna, plevraya ve bronşa açılmasıdır.

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