BÖLÜM 12

KARACİĞERİN BAKTERİ, PARAZİT VE MANTAR KAYNAKLI ENFEKSİYON HASTALIKLARI

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GİRİŞ

Karaciğer, birbirinden bağımsız birçok fonksiyonunun yanısıra, endojen ve eksojen madde detoksifikasyonu, emilen bağırsak içeriğinin filtrasyonu fonksiyonlarının sonucunda farklı türde birçok mikrobiyal ajanla karşılaşır. Virüslere ek olarak, pek çok sistemik bakteriyel ve paraziter enfeksiyon hastalığından etkilenebilir. Sistemik bakteriyel enfeksiyon hastalıkları, piyojenik apseler ve granülomatöz enfeksiyonlar sık görülenlerdir. Ayrıca spiroket, parazit, helmint ve mantar kaynaklı karaciğer enfeksiyonları da görülmektedir.

Bakteriyel Enfeksiyonlar (Tablo 1)

Sistemik bakteriyel enfeksiyonların bazılarında karaciğer tutulumu da olur ve klinik, hafif karaciğer enzim yüksekliğinden, sarılığa nadiren de olsa karaciğer yetmezliğine kadar değişebilir.

GRAM POZİTİF VE GRAM NEGATİF BAKTERİ ENFEKSİYONLARI

Aktinomiçes enfeksiyonları

Aktinomikozis, anaerob, gram pozitif bir bakteri olan *Actinomyces* türlerinden (en sık *A.israelii*) kaynaklanan, nadir görülen kronik granulomatöz bir hastalıktır (1). Servikofasyal bölge (%50) enfeksiyondan en sık etkilenen bölge olup, abdominal aktinomikozlu hastaların %15'inde karaciğer etkilenmektedir. Kolesistektomi sonrasında da aktinomiçese bağlı abse gelişen olgular bildirilmiştir (1-4).

Klinik bulgular

Aktinomikozis, nadir görülmesi ve nonspesifik semptomları nedeni ile daha sık görülen Crohn hastalığı, tüberküloz ve maligniteler ile karışabilir. Olguların %10 dan daha azı operasyon öncesi tanı alabildiği düşünülmektedir (5). Hastalık uzun süren yorgunluk, ateş, kilo kaybı ve abdominal ağrı ile karakterize olup, bu nonspesifik semptomların veya abdominal kitlenin varlığında şüphelenilmelidir (6). Labaratuvar bulgusu olarak anemi ve lökositoz görülebilir.

Tanı

Radyolojik bulgular nonspesifiktir. Bilgisayarlı tomografi (BT) en faydalı görüntüleme metodu olup, hastalığın lokalizasyonunu, kitle formasyonunu ve yayılımını gösterip, tedaviye yanıtı izlemede kullanılabilir (4). Kesin tanı histolojik incelemede *Actinomyces* sülfür granüllerinin görülmesi ve bakterinin kültürde üretilmesine dayanır.

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MR görüntüleme tercih edilebilir. Ultrasonografide, yuvarlak ve hipoekoik kistik yapı, BT'de düşük dansiteli lezyon, MR görüntülemede T1 ağırlıklı görüntülerde düşük sinyal, T2 ağırlıklı görüntülerde yüksek sinyal yoğunluğu gösteren lezyon olarak görünür (157).

Amibik karaciğer apsesinde hastaların yaklaşık %99'u antikor geliştirir fakat enfeksiyonun ilk 7 gününde serolojik testler negatif olabilir (158). Serum antikorları klinik bulgular ortaya çıktığında hastaların %92-97'sinde saptanabilir. İndirekt hemaglütinin testi serolojik tanıda en çok kullanılan testtir. Tedavi sonrasında da test sonucu pozitifliği yıllarca devam edebilir. Dışkı mikroskopisi ve PZR sonuçları genellikle negatif sonuçlanır. Ultrasonografi veya BT ile iğne aspirasyonu bazı durumlarda gerekebilir. Klinik kötüleşmede, medikal tedaviye yanıtsızlıkta, ayırıcı tanıda ve 10 cm'den büyük, rüptür riski olan, sol lob kistlerinde USG veya BT ile iğne aspirasyonu gerekebilir (159). Aspirasyon materyalinde antijen testi ve PZR tanıda faydalı olabilir.

Tedavi

Tedavide metronidazol (750 mg/ günde 3 kez, 7-10 gün) veya tinidazol (2 gr/ günde 1 kez, 5 gün); takiben intraluminal amebisit (iyodokinol 650 mg/ günde 3 kez 20 gün, diloksanit furoat 500 mg/ günde 3 kez, 10 gün veya paramomisin 25-35mg/kg/gün 3 kez, 7-10 gün) kullanılması önerilir. Metronidazol veya tinidazole alternatif olarak ornidazol veya nitazoksanid kullanılabilir. Olguların çoğunda drenaj gerekli değildir. Medikal tedaviye yanıtsız, rüptür riski yüksek olan sol lob büyük apselerinde perkütan veya cerrahi yolla drenaj gerekebilir. Sekonder bakteriyel enfeksiyon veya peritonit gelişen hastalarda, geniş spektrumlu antibiyotikler tedaviye eklenmelidir (160,161).

Sonuç

Karaciğer, bağırsak içeriğinin filtrasyonunu sağlayan bir organ olması nedeniyle vücuda alınan patojenlerin pek çoğu karaciğerden geçer. Virüsler, bakteriyel ve parazitler gerek hepatoselluler gerek kanaliküler hasar ile karaciğerde hastalığa neden olabilir. Bu patojenler ile ortaya çıkacak onlarca hastalığın ayırıcı tanısını yapmak için en önemli adım tabii ki anamnezdir. Anamnez ile daraltılan ön tanılar ve ileri tetkikler ile konulan ana tanı ve erken tedavi ile akut, fulminan ya da kalıcı kronik hasarın önlenmesi sağlanır.

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