

ALKOL DIŐI YAĐLI KARACİĐER HASTALIĐI

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GİRİŐ

Günümüzde kronik karaciđer hastalığının en sık nedeni haline gelen alkol dışı yağlı karaciđer hastalığının [daha yaygın kullanımı ile non-alkolik yağlı karaciđer hastalığı (NAFLD)] tanınması çok da eskilere gitmez. İlk defa Ludwig, 1980 yılında alkol alımı olmadığında da karaciđerin yağlanabileceğini göstermiştir. Varlığı böylesine geç tespit edilen NAFLD, bugün en önemli halk sağlığı problemlerinden biri olmuştur ve karaciđer nakil endikasyonlarında ilk sıralarda yerini almaktadır. Hızla artan sıklığının en önemli nedeni olarak; batı tipi beslenme ve sedanter yaşam gösterilmektedir. Batı tipi beslenme ve sedanter yaşamın yaygınlaşması, obezite, diyabet ve NAFLD sıklığında artışı da beraberinde getirmiştir (1). Alkol dışı yağlı karaciđer hastalığı, bir hastalıklar spektrumunun genel adıdır. Balonlaşma ve nekrozun olmadığı, iyi seyirli basit yağlanma (NAFL, nonalkolik yağlı karaciđer) ile balonlaşma ve inflamasyonun olduğu, fibrozisin de eşlik edip siroza ilerleyebilen steatohepatiti (NASH) içerir (2) (3) (4) (5). Basit yağlı karaciđer, %10-20 oranında NASH'e ilerlemekte, NASH ise siroz ve hepatosellüler karsinomaya (HSK) ilerleyebilmektedir (5). Alkol dışı yağlı karaciđer hastalığı, obezite, tip 2 diyabet, hiperlipidemi ile yakından ilişkilidir ve

hipertansiyon, karaciđer dışı maligniteler gibi karaciđer dışı pek çok hastalık için risk faktörüdür. Tedavide ise bugün için etkili yöntem diyet ve egzersiz ile sağlanan kilo kaybıdır. Maalesef amaca yönelik tatmin edici sonuçlar elde etmeyi sağlayan farmakolojik tedavi yoktur.

Alkol dışı yağlı karaciđer hastalığı, hızla artan sıklığı nedeniyle dikkatleri üzerine çekmiştir. Özellikle ülkemizde olmak üzere neredeyse 3 kişiden birini etkileyen bu hastalık, sık olması nedeniyle gerek hekimlerin gerek halkın gözünde normalleşebilmektedir. Oysaki bugün kronik karaciđer hastalığı nedenleri arasında ve nakil endikasyonları arasında ilk sırayı almak üzeredir. Bu nedenle epidemiyolojisi, patogenezi ve tedavisinde devasa bilgi açığı olan bu hastalığa fazla ilgi gösterilmelidir. Hastalık ile bugüne kadar elde edilen bilgilerin derlendiğı bu bölüm hastalığın anlaşılması ve iyi tanı, tedavi ve takip için ışık tutacak ve gelecek çalışmalar için de fikir olacaktır.

Kronik karaciđer hastalığının etyolojisinde ilk sırayı alan bu hastalığın terminolojisi uzun yıllar tartışma konusu olmuştur. Alkol dışı yağlı karaciđer hastalığı konusunda uzmanlar tarafından, hastalığın isimlendirmesinin metabolik ilişkili yağlı karaciđer hastalığı (Metabolic associated Fatty Liver Disease, MAFLD) olması gerektiğı görüşü savunulmaktadır. Patogeneizde esas yer alan me-

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Sonuç

İlk defa Ludwing, 1980 yılında alkol alımı olmadığında da karaciğerin yağlanabileceğini göstermiştir. Yaklaşık 40 yıl önce tespit edilen NAFLD, bugün en önemli halk sağlığı problemlerinden biri olmuştur ve karaciğer nakil endikasyonlarında ilk sıralarda yerini almaktadır. Yıllar içinde değişen beslenme ve yaşam tarzının karaciğerde yağlanmanın en önemli sebebi olduğu düşünülmektedir. Çünkü bu yaşam tarzı obezite, diyabet ve NAFLD sıklığında artışını da beraberinde getirmiştir (1). Alkol dışı yağlı karaciğer hastalığında basit yağlı karaciğer, %10-20 oranında NASH'e ilerlerken, NASH ise çok yüksek oranlarda siroz ve hepatosellüler karsinomaya ilerleyebilir (5). Alkol dışı yağlı karaciğer hastalığı, obezite, tip 2 diyabet, hiperlipidemi ile yakından ilişkilidir ve hipertansiyon, karaciğer dışı maligniteler gibi karaciğer dışı pek çok hastalık için risk faktörüdür. Toplumun büyük çoğunda olan yağlı karaciğer nedeniyle normalleştirilen bu hastalık yeterli ilgiyi görememesi nedeniyle yetersiz tanı alır. Mevcut yağlı karaciğer hastalarının tümüne tanı konulamadığı gibi tanı alanlar için de durum bugün için yüz güldürücü değildir. Çünkü tedavide bugün için etkili yöntem diyet ve egzersiz ile sağlanan kilo kaybıdır. Ancak hem istenilen hedefe ulaşmak hem de istenilen kilonun ve diyet egzersiz programının idamesi güçtür. Maalesef amaca yönelik tatmin edici sonuçlar elde etmeyi sağlayan farmakolojik tedavi yoktur.

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