BÖLÜM 18

SİROZ

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GİRİŞ

Siroz terimi ilk olarak 1826 yılında Laennec tarafından kullanılmıştır. Bu terim, sirotik karaciğerin rengi ve yüzeyinin düzensiz görünümünden dolayı Yunanca'da portakal kabuğu anlamına gelen scirrhus kelimesinden türetilmiştir. Karaciğer sirozu, karaciğer parankimindeki kronik hasara cevap olarak ortaya çıkan yaygın fibrozis ve oluşan fibröz bantların çevrelediği rejenerasyon nodüllerinin karaciğer parankimi ile yer değiştirmesi olarak tarif edilebilir. Kronik karaciğer hasarının siroz olarak tanımlanabilmesi için fibrozis ve rejenerasyon nodüllerinin bir arada gösterilmesi gereklidir. Bu nedenle, "Konjenital hepatik fibrozis" de olduğu gibi fibrozisin olduğu ancak nodül yapısının olmadığı veya "nodüler rejeneratif hiperplazi" de olduğu gibi fibrozis olmayıp nodül yapılarının olduğu hastalıklar siroz olarak tanımlanamazlar. Oluşan yaygın fibrozis ve rejenerasyon nodülleri karaciğerin yapısının ve fonksiyonlarının bozulmasına neden olur. Bu bozulma zamanla intrahepatik vasküler yapıları da içine alır (sinüzoidal kapillarizasyon ve şant oluşumu) ve bu durum portal basınç artışı (portal hipertansiyona) ile sonuçlanır. Siroz, sadece karaciğeri ilgilendiren bir hastalık değildir. Komplikasyonları ile birlikte düşünüldüğünde, vücudun neredeyse tüm sistemlerini etkileyen sistemik bir tablo olarak değerlendirilmelidir.

Kitabın bu bölümünde karaciğer sirozunun tanımı, patogenezi, tanısı ve prognozu konu edilmiş olup klinik yaklaşım genel bir çerçevede sunulmuştur.

EPİDEMİYOLOJİ:

Karaciğer sirozu, cinsiyet ve etnisiteye bakmaksızın tüm dünyada heterojen bir dağılım göstermektedir. Hastalık uzun süre asemptomatik bir seyire sahip olduğu için, sıklığı tam olarak bilinmemektedir. Hastalığın tanısı, ya rutin kontroller sırasında saptanan anormal laboratuvar ve muayene bulguları ile ya da asit, hepatik ensefalopati ve varis kanaması gibi hastalığın dekompanzasyon bulgularının ortaya çıkması ile konur. Kompanze siroz hastalarının yıllık dekompanzasyon hızı %5-7 arasında olup, 2017 yılında dünya genelinde on milyondan fazla hastada dekompanzasyon geliştiği rapor edilmiştir (1). Siroz hastalarında dekompanzasyon bulgularının ortaya çıkması artmış mortalite ile ilişkilidir.

2017 yılında dünyada 1320000 kişinin siroz ilişkili nedenlerden dolayı öldüğü, bu hastaların %66,7 sinin erkek olduğu bildirilmiştir (1). Siroz, dünya genelinde erişkinlerde on dördüncü

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ve hasta seçiminde önceden kabul edilen kriterler değişmeye başlamıştır. Amerika Birleşik Devletleri' nde 2013 yılından beri HIV (+) hastaya, HIV (+) donörden nakil yapılabilmektedir (180). Karaciğer nakli karaciğer yetmezliği yapan hastalıklar ve siroza eşlik eden hastalıklar ile ilgili bilgi ve tecrübemiz arttıkça, tedavi seçenekleri ve endikasyonları konusuda değişime uğramaktadır. Bu nedenle tüm endikasyonlar hasta özelinde düşünülerek güncel bilgiler ile harmanlanıp uygulanacak tedavi buna göre tasarlanmalıdır.

Sonuç

Karaciğer sirozu, karaciğerde kronik hasar oluşturan pek çok durumun zaman içerisinde oluşturduğu ortak histolojik sonuçtur. Bu sonucu ortaya çıkaran farklı etyolojilerin ortak yolağı, hepatik stallet hücre aktivasyonun baş rolü oynadığı hepatik fibrozis sürecidir. Klinik olarak bu süreç genellikle yavaş ve sinsi bir şekilde ilerlediğinden hastalar uzun süre kompanze siroz evresinde asemptomatik olarak kalır. Bu yüzden tanı konulduğunda genellikle hastalar ileri evrededir ve siroza ait çeşitli komplikasyonlar ortaya çıkmıştır. Bu aşamada amaç karaciğer hasarının ilerlemesini durdurmak ve ortaya çıkmış olan komplikasyonlar ile mücadele etmektir.

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