

KRONİK PANKREATİT

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GİRİŞ

Kronik pankreatit (KP), risk faktörleri olan kişilerde, çeşitli nedenlerle ortaya çıkan pankreas parankiminin, ilerleyici inflamasyonu, fibrozisi ve buna bağlı ekzokrin ve endokrin fonksiyonlarının kaybı, ağrı, kanal hasarı, displazi gibi komplikasyonlara neden olabilen geri dönüşümsüz hasarı ile karakterize bir sendromdur. Yakın zamana kadar sadece morfolojisi üzerinden tanımı yapılan KP'nin bir sendrom olarak tanımlanması düşünce aşamasındaydı, bugün artık tüm dünyada pankreas araştırmacılarının ortak kararı ile fibroenflamatuvar sendrom olarak tanımlanmaktadır (1). Bu sendrom; çevresel ve genetik risk faktörleri olan kişilerde özgün semptomlar, endokrin ve ekzokrin yetersizlik, histolojik ve/veya görüntüleme ile gösterilebilen değişiklikleri içerir. Hastadan hastaya gerek etyolojik gerek klinik açıdan farklılıklar gösterir (2).

EPİDEMİYOLOJİ

Tansındaki güçlükler nedeniyle KP insidansı, prevalansı net değildir. İnsidansı 100.000'de 5-40 iken prevalansı yaklaşık 100.000'de 50'dir (3-7).

Kronik pankreatit sıklığı, genetik, endüstriyel, alkol-sigara tüketimi ve diyet gibi yaşam tarzı farklılıkları nedeniyle coğrafi dağılım göstermek-

tedir (8). Kronik pankreatit sıklığı tüm dünyada artmaktadır, bunun en önemli nedeninin yaşam tarzı değişikliği özellikle beslenme alışkanlığının değişiyor olmasıdır. Ayrıca tanı yöntemlerinin gelişmesi daha fazla tanı konulmasını sağlamaktadır.

Kronik pankreatit sıklığı, alkol alanlarda (yüksek miktarda uzun süreli alkol kullanımı) 3-6 kat artmıştır. Ancak alkol alanların yalnızca %5'inde KP gelişir. Bu da alkole bağlı KP için kolaylaştırıcı başka risk faktörlerinin olabileceğini düşündürmektedir. Alkol tüketimi yalnızca erkek cinsiyette değil kadın cinsiyette de KP için risk faktörüdür. Alkolün miktarı önemli iken türü önemsizdir (9-10).

Kronik pankreatit sıklıkla 4. dekada tanı alır ve daha çok erkekleri tutar. Klinik gidiş alkol ve sigara kullanımı ile sıkı ilişkilidir. Morbiditede en önemli faktör alkol ve sigara kullanımı olduğu gibi mortalite için de benzerdir. On yıllık yaşam beklentisi %70, 20 yıllık yaşam beklentisi %45'tir (11).

PATOFİZYOLOJİ

Patofizyolojisi çok iyi anlaşılamamıştır, pek çok faktörün etkisi ile ortaya çıkan parankim inflamasyonu ve ilerleyici fibrozis, bu etyolojik faktörlerden yola çıkılarak açıklanmaya çalışılmıştır. Etiyolojide yer alan herhangi bir faktör, inflamatuvar

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histolojik ve/veya görüntüleme ile gösterilebilen değişiklikleri içeren bir sendromdur. Halen tanı kriterlerinde değişimler ve tanıdaki güçlükler nedeniyle sıklığı net değildir ancak gün geçtikçe arttığı bilinmektedir. Başta alkol olmak üzere sigara, ilaçlar safra taşı gibi pek çok neden Kronik pankreatite neden olabilir. Hastalık ağrı ile kliniğe yansiyabileceği gibi komplikasyonlarına bağlı ekzokrin, endokrin yetersizlik bulguları ile de tanılabılır. Tedavide maalesef hastalığın ilerleyişini önleyecek yahut geri döndürecek tedavi seçenekleri yoktur. Tedavide ana unsur komplikasyonların yönetimidir.

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