

BÖLÜM 66

AKUT VE KRONİK PANKREATİTLER

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Kenan KOŞAR²

AKUT PANKREATİT

Giriş

Pankreas hem endokrin hem ekzokrin salgı yapan alveoler yapıda kompleks bir bezdir. Ekzokrin pankreas glukoz, yağ ve protein sindirimi başta olmak üzere birçok sindirim enzimi salgımlarken endokrin pankreas başlıca glukoz mekanizmasını düzenleyen hormonları salgılar. Pankreasın baş, boyun, gövde ve kuyruk olmak üzere 4 bölümü vardır. Pankreasın koledok (ana safra kanalı), portal ven, superior mezenterik arter gibi önemli komşulukları bulunmaktadır. Duktus pankreatikus (wirsung kanalı) kuyruk kısmından başlayıp baş kısmına kadar uzanıp çoğunlukla koledokla birleşerek major papillaya açılır. Pankreasın embriyolojik olarak dorsal taslaktan gelişen kısmına ait olan duktus pankreatikus

accesorius (santorini kanalı) erişkinlerde çoğunlukla duodenumla bağlantısını kaybeder; bu kanal pankreas baş kısmında bulunur ve wirsung kanalıyla birleşir. Distal ucu kapanmamış ise major papillanın 2 cm proksimalinde minor papillaya açılır.

Pankreatit, bezin salgıladığı sindirim enzimlerinin çeşitli mekanizmalarla aktive olmasıyla bezin kendisini sindirmesi olarak tanımlanabilecek, ani başlayan ve çoğunlukla şiddetli karın ağrısı ile prezente olan, serumda amilaz ve lipaz seviyelerinin arttığı akut bir inflamasyon durumudur. Klinik olarak pankreatit akut veya kronik olarak ikiye ayrılabilir. Tüm dünyada gastrointestinal (GI) sistemin en sık hastaneye yatış endikasyonlarından birini oluşturmaktadır. Birçok çalışmada değişkenlik gösterse de tüm dünyada insidansı 20-40/100000'dir. Etiyolojisi incelenen bölgeye değişiklik göstermekle birlikte sıklığı gide-

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kapsül ile kaplıdır. Benign psödokistler klinik semptom yapmıyorsa ve enfekte değilse tedavi gerektirmez. Sıvıda amilaz seviyeleri genellikle 4000 U/L'den yüksektir. Semptomatik psödokistlerde endoskopik, perkütan ve cerrahi tedavi yöntemlerinin birbirine üstünlüğü olmayıp, merkezinin deneyiminin fazla olduğu yöntem seçilebilir. Hastanede yatış süresi ve morbiditesinin daha az olması nedeniyle birçok merkezde öncelikle endoskopik drenaj ilk seçenek olarak kullanılır. Psödokistin en önemli komplikasyonları; enfeksiyon, kanama ve rüptürdür. Enfekte ya da rüptüre olduğunda peritonite ve sepsise kadar gidebilen riskli bir klinik patolojidir.

Pankreas kanseri riski kronik pankreatitli hastalarda genel popülasyona göre artış göstermek ile birlikte en yüksek riske herediter pankreatit olan hastalar sahiptir. Diğer genetik nedenler ve sigara içiciliği de riski artırır. Uzun dönem takip gereken bu hasta grubunda öncelikle malignite dışlansa dahi ilerleyen dönemlerde bu riskin var olduğu hastaya söylenmeli ve hep akılda tutulmalıdır.

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