

BÖLÜM 75

SAFRA KESESİ PATOLOJİLERİ

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SAFRA OLUŞUMU

Karaciğerin en önemli fonksiyonlarından biri safra oluşumu ve safra yollarına sekresyonudur. Karaciğerde günlük 600-1000 ml arasında safra salgılanır. Safra organik bileşikler, elektrolitler ve sudan oluşan bir sıvıdır. **Tablo 1**'de safra bileşimleri gösterilmektedir.

Safra asitleri safranin %60'ını oluştururlar. Safra içerisinde safra asitlerinin oranına bakılacak olursa, sırasıyla kolik asit: kenodeoksikolik asit: deoksikolik asit: litokolik asit oranı 4:2:1 dir. Safradaki organik bileşikler, konjuge safra asitleri, fosfolipidler (lestin), kolesterol, konjuge bilirubin ve az miktarda protein oluşturmaktadır. Safranin majör lipidleri kolesterol ve lestin olup suda erimezler. Ancak safra içinde, safra asitlerinin oluşturduğu miçellerin içine geçerek erimiş hale gelirler. Fosfolipidler (lesitin) safranin %30-40'ını oluştururlar. Fosfolipidlerin, miçel oluşumunda ve kolesterol çözünürlüğünde, saf-

ra tuzlarının etkilerini arttırıcı rolleri vardır. Kolesterol safranin % 4 'ünü safra pigmentleri (bilirubin) safranin %2'sini oluşturur. Safra da bulunan elektrolitler sodyum, potasyum, kalsiyum, klor ve sodyum bikarbonattır. Safra sıvısı izoozmolar olup hepatik safra plazmaya göre hafif alkalidir.

Kanaliküler safra oluşumu: Safra primer olarak hepatositler tarafından yapılır ve kanaliküllede toplanır. Buna kanaliküller safra adı verilir. Bu şekilde insanda hesaplanan kanaliküler safra 450 ml/ gün'dür. Kanaliküller safranin büyük bölümü osmotik filtrasyon ile oluşmaktadır. Kanaliküler safra oluşumu, safra asitlerine bağımlı safra oluşumu ve safra asitlerinden bağımsız safra oluşumu şeklinde iki başlık altında incelenir.

1. Safra asitlerine bağımlı safra akımı: Safra asitleri hepatosit tarafından aktif olarak kanalikül içine verilir. Bu olay ozmotik bir gradient meydana getirir. Kanalikül içine su girişi ile safra akımı hızlanır. Safra asitle-

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Ortalama 5 yıllık yaşam beklentisi %5-10'dur. Kür olasılığını sadece cerrahi tedavi sağlar.

Kolanjiokarsinomlarda gemesitabin, oksiplatin ve 5-flurourasil bazlı kemoterapiler önerilmektedir. Kemoterapinin başarı düzeyi oldukça sınırlıdır.

İnoperabl vakalarda yaşamı uzatmak için ERCP eşliğinde safra drenajı için plastik veya metal stentler yerleştirilir. PTK yapılarak intrahepatik stent konulur veya ekstrahepatik drenaj yapılır.

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