

BÖLÜM 78

KRONİK VİRAL HEPATİTLER

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GİRİŞ

Viral hepatitler ülkemizde ve tüm dünyada önemli bir sağlık sorunudur. Viral hepatitler akut ve kronik olabilmektedir. Dünya genelinde en sık karşılaşılan akut hepatit etkeni Hepatit A iken kronik viral hepatitlerde en sık etkenler Hepatit B ve Hepatit C virüsleridir. Akut viral hepatitler çoğunlukla kendini sınırlamaktadır. Buna karşın kronik viral hepatitler siroza ve hepatosellüler karsinoma (HCC) kadar ilerleyebilen birçok komplikasyona sahiptir.

Kronik viral hepatit tanımı kronik inflamasyon, hepatosit hasarı ve progresif fibroze yol açan hepatotropik viral enfeksiyonları içerir. Altı aydan uzun süren enfeksiyonlarda spontan rezolüsyon beklenme olasılığı düşüğünden bu durumlarda hepatit kronik olarak kabul edilmektedir. Kronik viral hepatitler sorumlu viral ajana göre sınıflandırılır. Kro-

nik viral enfeksiyonlardan en sık sorumlu tutulan hepatotropik virüsler Hepatit B, Hepatit C, Hepatit D ve Hepatit E virüsleridir. Ancak bunlar dışında birçok zarflı ve zarfsız virüs de karaciğer inflamasyonuna yol açabilmektedir. Hepatit A ve E virüsleri şiddetli seyredebilmekte ve relapslarla ilerleyebilmektedir. Buna karşın bu virüsler genellikle akut hepatitten sorumludur. Ancak immünsüprese hastalarda kronik hepatit E vakaları da bildirilmiştir.

KRONİK HEPATİT B

Hepatit B virüsü (HBV) hepadnavirüs ailesine ait çift sarmallı bir DNA virüsüdür. Dünya üzerinde 260 milyondan fazla insanın kronik HBV enfeksiyonu olduğu düşünülmektedir. Bunların ise %15 – 40 arasının ise siroz veya HCC gibi komplikasyonlarla beklenenden daha kısa hayatta kalacağı öngörülmektedir. WHO verilerine göre kronik HBV enfeksiyo-

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Peg IFN- α standart IFN- α 'ya göre daha etkin bulunmuştur. Bu tedavinin 48 – 72 hafta verildiği hasta gruplarında %17 - % 43 viral baskılanma sağlanmıştır. Peg IFN- α ile nükleos(t)ide analogları kombinasyonları denenmiş ancak başarı sağlanamamıştır. Yine tek başına nükleos(t)ide analogları denenmiş ancak HDV replikasyonunu baskılamadığı görülmüştür. Yine de HBV için endikasyon varsa kullanılabilirler.

Kronik HDV alevlenmeleri çok hızlı bir şekilde karaciğer yetmezliğine ilerleyebileceği için bu hastaların yakından takip edilmeleri gerekmektedir. Nüks durumunda tekrar Peg IFN- α verilebilir.

KRONİK HEPATİT E

Hepatit E virüsü küçük, zarfsız, tek iplikçikli bir RNA virüsüdür. Hepeviridae ailesine mensup bu virüs genellikle akut, kendini sınırlayan, ikter ile giden bir hepatite yol açar. Bulaş büyük çoğunlukla fekal-oral yolla olur.

Yüksek endemik bölgelerde genotip 1 veya 2 görülürken, düşük endemik bölgelerde genotip 3 ve 4 daha yaygındır. Dünyada yılda yaklaşık 20 milyon HEV enfeksiyonu vakası görülmektedir. Bunların %12 -%15'i semptomatik seyretmektedir. Dünya Sağlık Örgütü verilerine göre 2015 yılında viral hepatite bağlı 44,000 ölüm gerçekleşmiş olup bu sayı tüm viral hepatite bağlı ölümlerin %3.3'ünü oluşturmaktadır. Gelişmekte olan ülkelerde HEV prevalansı %10 - %70 arasında bildirilmiştir.

Tanı Anti-HEV antikorları ile veya HEV-RNA ile koyulabilir. Anti-HEV IgM akut enfeksiyonda yükselir ve 4-5 ay yüksek kalabilir. Anti-HEV IgG ise bundan birkaç gün sonra yükselir ve serumda yıllarca tespit edilebilir.

Kronik hepatit E, virüsün 6 aydan uzun bir süre boyunca kan ve gaytada saptanması durumudur. Vakaların tümü düşük endemik bölgelerden olup genotip 3 ve çoğunlukla genotip 4 hastalarıdır. Kronik hepatit E immünsuprese hastalarda görülmektedir. Bunlar arasında organ transplant hastaları, HIV enfekte hastalar, kanser kemoterapisi veya immünoterapisi alan hastalar sayılabilir. Hastalar asemptomatik olabilir veya hafif kronik karaciğer hastalığı bulguları gösterebilir. Buna ek olarak yüksek ALT ve AST seviyeleri mevcuttur. Zamanla progresif karaciğer hasarı ve fibrozis sonuçta da siroz gelişebilmektedir.

Kronik hepatit E enfeksiyonunda immüno-supresif ilaçların kesilmesi veya doz azaltılmasıyla hastaların üçte birinde HEV vireminin kaybolduğu görülmüştür. Retrospektif bir çalışmada 3 ay boyunca günlük 600 mg ribavirin verilen kronik hepatit E hastalarında, yüksek oranda, tedavi kesildikten sonra sürdürülebilir HEV-RNA negatifliği saptanmıştır. Yanıtsız hastalarda ise viral mutasyonlar saptanmıştır. Yine başka bir çalışmada PEG IFN- α ile virolojik yanıt sağlanmıştır. Buna karşın IFN planlanan hastalar eğer organ transplant hastalarıysa bu hastalarda akut rejeksiyona yol açabileceği göz önünde tutulmalıdır.

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