

BÖLÜM 86

KARACİĞER SİROZU VE PORTAL HİPERTANSİYON

Muhammed Bahaddin DURAK ¹

Ahmet Teoman ERTEN ²

GİRİŞ

Siroz terimi, otopside görülen karaciğer renginin sarımsı kahverengi olduğunu ifade eden yunanca “*scirrhos*” kelimesinden köken alır.

Siroz, histolojik bir tanımdır ve karaciğerdeki kronik hasara bağlı olarak, karaciğerin morfolojik yapısının progresif fibrozis sonucu bozulması ve yerini rejeneratif nodüllerin alması olarak tanımlanır. Biliyer obstruksiyona bağlı karaciğer hasarında haftalar içerisinde siroz gelişebileceği gibi, Hepatit C virus (HCV) enfeksiyonuna bağlı siroz 20-30 yıl sonra gelişebilmektedir. Genel olarak ileri evrelerde irreversibl iken, erken evrede altta yatan hastalığın tedavisiyle geri dönüşümlü de olabilir.

EPİDEMİYOLOJİ

Dünya genelinde ölüm nedenleri arasında siroz 10. sıradadır, Avrupa’da ise 4. sırada ölüm

nedenidir. 1990 yılında Dünya’da siroza bağlı ölüm 899.000 iken, 2017 yılında Dünya’da siroz nedeniyle 1.3 milyon ölüm saptanmıştır. Bu artışın nedeni olarak alkol tüketiminin ve nonalkolik yağlı karaciğer hastalığının(-NAYKH) prevalansının artışı olarak tahmin edilmektedir. Yine 2017 yılında Dünya genelinde kompanse siroz prevalansı 112 milyon, dekompanse siroz prevalansı ise 10.6 milyon olarak saptanmıştır.

ETYOLOJİ

Gelişmiş ülkelerde sirozun en sık sebebi Hepatit C ve alkolik karaciğer hastalığıdır. Bunları nonalkolik yağlı karaciğer hastalığı (NAYKH) ve hepatit B takip eder. ABD’de karaciğer transplantasyonu listesinde bekleyen hastaların %80’inde siroz nedeni, bu dört hastalıktır.

Gelişmekte olan ülkelerde ise en sık neden hepatit B virüsüdür, bunu hepatit C, alkol ve NAYKH takip eder.

¹ Uzm. Dr., Ankara Şehir Hastanesi, Gastroenteroloji Kliniği, doctormbd@gmail.com

² Eğitim Görevlisi, Ankara Şehir Hastanesi, Gastroenteroloji Kliniği, ahmeterten57@gmail.com

Hastalığın şiddetini gösteren henüz kabul gören bir sınıflama olmasa da alveoloarteriyel oksijen gradiyenti ve parsiyel oksijen basıncının değerlendirilmesi önerilmiştir.

HPS şiddet sınıflaması:

Hafif: A-a O₂ gradiyenti > 15 mmHg, PaO₂ > 80 mmHg

Orta: A-a O₂ gradiyenti > 15 mmHg, PaO₂: 60-80 mmHg

Şiddetli: A-a O₂ gradiyenti > 15 mmHg, PaO₂: 50-60 mmHg

Çok Şiddetli: A-a O₂ gradiyenti > 15 mmHg, PaO₂ < 50 mmHg

HPS'da kullanılan henüz etkili bir medikal tedavi yoktur, en çok önerilen, başarı şansı yüksek tedavi karaciğer transplantasyonudur. Oksijen desteği hipoksemik semptomları olan hastalarda sıklıkla önerilen bir tedavidir. Özellikle şiddetli ve çok şiddetli HPS varlığında uzun süreli oksijen tedavisi önerilmektedir.

Medikal tedaviler NO ürünleri ve portal basıncın düşürülmesi hedeflenerek denenmiş tedavilerdir. Diyetle NO sentetazın substratı olan L-arginin kısıtlanmıştır ama uzun dönemde bir fayda sağlamamıştır. Metilen mavisini guanilat siklaz inhibitörü olduğundan intravenöz olarak uygulanmıştır. Bir vakada inhale N-nitro-L-arginin uygulanmasıyla oksijenasyonda artış bildirilmiştir ama uzun dönemde N-nitro-L-arginin ve metilen mavisini uygulamaları amacına ulaşamamıştır.

Terlipressin, somatostatin analogları, indometazin gibi siklooksijenaz inhibitörleri, almitrin bismesilat, antibiyotik tedavisi, beta blokörler, glukokortikoidler az yarar sağlamış ve oksijenasyonda sürekli iyileşme sağlamamış medikal tedavilerdir.

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