

Karaciğerin Benign Hastalıkları

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Ana Konular

- ▶ Karaciğer Apseleri
- ▶ Karaciğerin Kistik Hastalıkları
- ▶ Karaciğerin Benign Neoplazileri
- ▶ Hemobiliya

KARACİĞER APSELERİ

Piyojenik Apseler

Tanım

Karaciğerin piyojenik absesi, bakteriyel bir enfeksiyon sonucunda, karaciğerin içinde tek veya birden çok sayıda, içerisinde iltihabi içerik barındıran koleksiyonlardır. Hastalık ciddi komplikasyonlar ve ölüm oranlarıyla seyredebilir. Karaciğer apseleri nedeniyle 1930'lu yılların sonlarında %35'lere varan ölüm oranları bildirilmişken, zaman içerisinde ölüm oranları azalmış ve tedavi gittikçe perkutan tedaviye dönmüştür.

Etiyoloji

Karaciğer apselerinin etiyolojik nedenlerini tartışırken ajan patojenlerin karaciğere ulaşma yollarını irdelemek gerekir. Apseye neden olacak mikroorganizmaların ulaşma yolları arasında; safra kesesi ve safra yolu, portal ven, hepatik arter, komşu organ enfeksiyonu ve doğrudan travma sayılabilir.

Kaynağı bilinmeyen karaciğer apseleri ise "kriptojenik karaciğer apseleri" olarak tanımlanır. Detaylı etiyolojik nedenler **Tablo 1**'de gösterilmiştir.

Safra kesesi ve safra yolun patolojileri karaciğer apselerinin en sık nedenleri arasındadır. Safra kesesi ve yollarının patolojilerinde önce kolanjit ve akabinde karaciğer absesi görülebilir. Safra yolunda görülen benign ve malign darlıkların aşılması için yapılan endoskopik ve perkutan girişimler de karaciğer absesi için neden olabilir. Karaciğer absesi görülme ihtimali malign darlıklarda benign olanlara göre iki kat daha fazladır. Diyabet, immün yetmezlikler, kronik böbrek yetmezliği ve mide bağırsak sistemi kanserlerinin varlığı karaciğerde piyojenik apse oluşmasını kolaylaştıran faktörlerdir.

Etken patojenler incelendiğinde; gram negatif aeroblardan *E. coli*, *K. pneumoniae*, *P. aeruginosa*, proteus suşları, gram pozitif aeroblardan *S. aureus* ve enterokok suşları, gram negatif anaeroblardan *bacterioides* ve *fusabacterium* suşları ve *clostridium* ve *peptostreptokok* suşları piyojenik karaciğer absesinde en sık görülen etken mikroorganizmalardır. Etken patojenler kan veya apsedan elde edilen materyalin kültüründe üretilirler. Antibiyoterapi başlanmadan önce kan kültürü yapılmalıdır.

Karaciğerin piyojenik apselerinin insidansı yıllar içinde artmakla beraber milyon nüfus başına 8-20 arasında değişmektedir.

Kolorektal metastazlar için yapılan kemoterapi esnasında kullanılan oksaliplatinle geliştiği düşünülmektedir. Bunun dışında oral kontraseptif tedavisi, androjen kullanımı, çeşitli enfeksiyonlar veya malignitelere bağlı oluşabilir. Asemptomatiktir ve çok nadiren rüptüre olabilir. Tedavisi etkenin ortadan kaldırılmasıdır.

Nodüler Rejeneratif Hiperplazi

Nodüler rejeneratif hiperplazi (NRH), (nodüler transformasyon veya parsiyel nodüler transformasyon) karaciğerde hiperplastik hepatositlerden oluşan yaygın mikronodüllerle karakterize bir durumdur. Benign bir hastalıktır ve oldukça nadirdir. Kesin etiyojisi belli değildir ancak portal vende oluşan bir tıkanmanın oluşturduğu iskemik hasar sonucu hepatosit hiperplazisi meydana geldiği düşünülmektedir. Altta yatan nedenler için çeşitli öneriler olmuştur. Bugün için özellikle oksaliplatin bazlı kemoterapi alan hastalarda yaklaşık %24'e varan oranlarda gözlenebilmektedir. Ayrıca çeşitli vasküler, romatolojik ve kollajen vasküler hastalıklarla birlikte görülür. Klinik olarak hastalık asemptomatiktir. Hastaların üçte bire yakını portal hipertansiyonla beraberdir. Kansereleşme ihtimali zayıftır. Tanısı zordur. Özellikle karaciğer metastazı

olup, oksaliplatinle tedavi gören ve karaciğer fonksiyon testleri yüksek hastalarda akla gelmelidir. Radyolojik bulgusu yoktur. Histolojik inceleme genelde gerekli olur. Asemptomatik hastalarda bir tedavi gerekmez. Semptomatik durumlarda altta yatan etiyojik nedene göre tedavi gerekir. Karaciğer rezeksiyonu riskli olabilir.

HEMOBİLİYA

Hemobilia biliyer sistem ile vasküler sistem arasında kurulan patolojik bir ilişkiye bağlı gelişen safra yolları kanamasıdır. İyatrojenik hasarlar (perkutan transhepatik kolanjiyografi, perkutan stent konulması ve perkutan karaciğer biyopsisi gibi) en sık nedenidir. Karaciğer travması, antikoagülan kullanımı, parazitler, apseler, neoplastik lezyonlar diğer nedenlerdir. Klinik bulgular kolik tarzı sağ üst kadranda ağrısı, sarılık ve hematemez-melana ile karakterizedir (**Quincke triadı**). Melana hematemeze göre daha sıktır. Anjiyografi ve sintigrafi en etkili tanı yöntemleridir. Walter tarafından ilk defa 1976'da denenen anjiyografi ile selektif embolizasyon günümüzde de %95'lik başarı oranıyla en etkili tedavi yöntemidir. Kanamanın devam etmesi durumunda cerrahi tedavi uygulanır

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