

# 19. BÖLÜM

## HEPATİK VE PORTAL VENÖZ GİRİŞİMLER

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### GİRİŞ

Dünya çapında yaklaşık 1.5 milyar kişi kronik karaciğer hastalığına sahiptir. Viral kökenli hastalıkların önlenmesi ve tedavi edilmesi için yapılan çalışmalar hayli etkili olsa da metabolik sendrom vakalarında artış olması ve aşırı alkol tüketimi gibi nedenlerle kronik karaciğer hastalığının önlenmesinde istenilen seviyeye gelinememiştir (1). Artan kronik karaciğer hastalığı sayısı ile doğru orantılı olarak bu hastalığın kendisi ve komplikasyonlarının tanı ve tedavisinde önemli yeri olan minimal invaziv kateter bazlı portal ve hepatik venöz girişimlere olan ihtiyaç da artmaktadır. Bu başlık altında kronik karaciğer hastalığı ile ilişkili çeşitli klinik durumlar ve bu durumlarda endike olan girişimsel işlemler ele alınmıştır.

### HEPATİK VE PORTAL VENÖZ SİSTEM ANATOMİSİ

Herhangi bir girişimsel işlem öncesi hedef anatominin iyi bilinmesi işlem sırasında oluşabilecek komplikasyonların önlenmesi açısından son derece önemlidir. Normal anatominin yanı sıra anatomik varyasyonların da bilinmesi hasta seçimi ve işlem planlamasında faydalı olmaktadır.

Karaciğer 1957 yılında Fransız cerrah Claude Couinaud tarafından tanımlanan ve daha sonra Henri Bismuth tarafından modifiye edilen yöntem ile hepatik ven (HV) ve portal ven (PV) dalları kullanılarak segmentlere ayrılmaktadır. Karaciğer vena kava inferior (VKİ) ile safra kesesi yatağından geçen ve orta HV boyunca uzanan düzlem ile sağ ve sol loba ayrılmaktadır. Kaudat lob segment I dir. Falsiform ligaman sol lobu lateral (segment II ve III) ve medial (segment IV) segmentlere ayırır. IV. Segment IVa ve IVb olarak ikiye ayrılmaktadır. Sağ lob da 4 segmente ayrılmaktadır.

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