31. BÖLÜM

KARACİĞER KİSTLERİNDE PAİR UYGULAMASI

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Basit kistler

Basit karaciğer kistlerinin nedeni bilinmemekle beraber konjenital olduğu düşünülmektedir. Kistler safra epiteli ile kaplı olup muhtemelen safra kanallarındaki mikro hamartomların genişlemesinden kaynaklanmaktadır. Tipik olarak, kist içeriği plazma ile benzer elektrolit bileşimine sahiptir. Kist sıvısı, kistin epitelyal tabakası tarafından sürekli olarak salgılanır. Bu nedenle kist içeriği aspire edildikten sonra tekrarlayabilmektedir. Çoğunluğu asemptomatik olup büyük kistler; spontan kanama, enfeksiyon, torsiyon, rüptür veya safra yolu obstrüksiyonuna yol açabilir (Wijnands, 2017).

Polikistik karaciğer hastalığı

Erişkin polikistik karaciğer hastalığı çoğunluğu doğuştan olup, genellikle otozomal dominant geçişli polikistik böbrek hastalığı ile beraberdir. Polikistik böbrek hastalarındaki böbrek kistleri genellikle karaciğer kistlerinden önce oluşur. Polikistik böbrek hastalığı genellikle böbrek yetmezliğine neden olurken, karaciğer kistleri nadiren hepatik fibrozise ve karaciğer yetmezliğine neden olur (Fabris, McCrann & Strazzabosco, 2012).

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BT veya MRG'de dejenere kistler genellikle yoğun bir halo ile çevrili görünüme sahiptir.

Rekürrens

Perkutan tedaviler sonrası rekürrensler; uygun hasta seçimi yapılmaması, perkutan tedavi sırasında genellikle yetersiz miktarda skolisidal madde verilmesine bağlı yetersiz kavite sklerozu, skolisidal ajanın kistte kalma süresinin yetersizliği, kateter drenajı gereken büyük kiste sadece PAİR uygulaması ve hastanın ilaçlarını almaması veya düzensiz kullanması sonucudur.

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