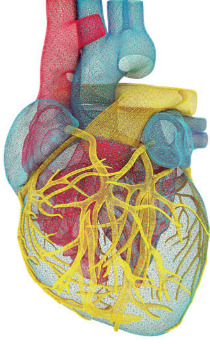

BÖLÜM 60

Diyabet Ve Kardiyovasküler Hastalıklarda Ortak Etken: Non-Alkolik Yağlı Karaciğer Hastalığı

Sevgi BİLEN AYHAN [1]

GİRİŞ

Basit yağlı karaciğerden non-alkolik steatohepatite (NASH) uzanan geniş bir spektrum hastalığı içeren Non-alkolik yağlı karaciğer hastalığı (*Non-alcoholic fatty liver disease*-NAFLD), günlük erkeklerde 30 gr/gün ve kadınlarda 20 gr/günü geçmeyen alkol öyküsü olan, diğer yağlanma sebeplerinin (viral, ilaçlar, herediter kronik karaciğer hastalıkları, vs.) ekarte edildiği, hepatik hücrelerde % 5 ve daha fazla artmış yağ birikimi olarak tanımlanır (1,2).

Kesin prevelansı bilinmemekle beraber NAFLD'nin dünya nüfusunun dörtte birini etkilediği ve prevalansının giderek arttığı düşünülmektedir (3). Son zamanlarda diyabetes mellitus, insülin direnci ve metabolik sendrom gibi iç içe geçen hastalıkların ortak patogenezinde yer alması sebebi ile Metabolik Yağlı Karaciğer Hastalığı (MAFLD) olarak tanımlanması önerilmiş, ancak literatürde henüz bu konuda fikir birliği sağlanamamıştır (4).

Tablo-1'de görüldüğü üzere NAFLD, basit yağlanmadan NASH'e uzanan hastalıkları kapsayan klinik spektrumu tanımlar. Bu klinik hastalıklar Tablo 1 de özetlenmiştir (2).

Yapılan çok merkezli çalışmalarda NAFLD tanılı hastaların tüm nedenlere bağlı mortalite hızlarının arttğı gözlenmiş ve NAFLD tanısı ile takipli hastaların önde gelen ölüm nedeni kardiyovasküler hastalıklar (KVH) olarak saptanmıştır (5–7). Özellikle NAFLD' nın ilerlemiş formu olarak adlandırılan NASH formunun ekstrahepatik malignensi, karaciğer ilişkili ölüm ve kardiyovasküler hastalık risk artışı ile beraber olduğu öne sürülmektedir(8–10).Tüm bunların yanında klasik kardiyovasküler risk faktörlerinden bağımsız olarak NAFLD tanılı hastalarda major kardiyak olayların yanında kardiyomiyopati, kapak kalsifikasyonları ve aritmi riskini arttığını gösteren bir çok çalışma literatürde yerini almaya devam etmektedir (6).

Bu bölümde NAFLD' da artan kardiyovasküler risk, NAFLD-Tip 2 DM-KVH ilişkisinin patofizyolojisi, hastaların takibinde dikkat edilecek hususlar, diabetes mellitus (DM) ve NAFLD'da ortak kullanılan farmakolojik tedavilerden kısaca bahsedilecektir.

[1] Uzm. Dr., Mamak Devlet Hastanesi, İç Hastalıkları, sevgibilena@gmail.com

fibroz progresyonunda azalma ve histolojik bulgularda daha yavaş progresyon ile ilişkilendiriştir (59). ASA tedavisinin antifibrojenik etkisi ile NAFLD hastalarında yararlı olabileceği düşünülmektedir, ancak bu konuda klinik çalışmalar devam etmektedir. ASA tedavisi, KVH'da sekonder koruma amacı ile önerilmektedir. Ancak NAFLD tanılı hastalarda primer koruma amacı ile artan kanama riski nedeni ile rutin kullanımı önerilmemektedir (60).

NAFLD kılavuzlarında (1,2) ileri evre fibroz tanılı hastalar ile sınırlı olmak üzere tedavide önerilen yalnızca iki ajan bulunmaktadır: pioglitazon ve vitamin E. Bu ajanlar dışında yukarıda bahsedilen antidiyabetik ajanlar, yeni geliştirilen (novel) ilaçlar, endikasyon dışı antihiperlipidemik gibi ilaç grupları ile ilgili çalışmalar devam etmektedir.

SONUÇ

Non-alkolik yağlı karaciğer hastalığı, son yıllarda giderek artan prevelansı ile kronik karaciğer hastalığı sebepleri arasında başta gelen sebeplerden biri haline gelmiştir (11). Gelişimlerinde ortak patogenezlerin yer aldığı düşünülen NAFLD ve Tip 2 DM sıklıkla birlikte bulunmaktadır. Son yıllarda yapılan çalışmalarda özellikle ileri evre fibroz ve NASH tanılı hastalarda KVH riskinin arttığı düşünülmektedir. Tip 2 DM ve KVH' da ortak etken olan NAFLD saptanan hastalarda diyabet taraması yapılması, kardiyovasküler risk hesaplanması ve endikasyonu olan hastalarda ileri tetkikler ile değerlendirilmesi önerilir. Non-alkolik yağlı karaciğer hastalığı saptanan tüm hastalarda, kardiyovasküler ve diabetes mellitus üzerine de olumlu etkileri gösterilen kilo kaybı, egzersiz gibi yaşam tarzı değişiklikleri önerilmeli, takiplerinde kardiyovasküler hastalık riskini azaltan tedavi ajanları seçimine özen gösterilmelidir.

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