BÖLÜM 35

GERİATRİ VE KRONİK PANKREATİT

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GİRİŞ

Kronik pankreatit, pankreasın fonksiyonel bozukluklara ve/veya morfolojik değişikliklere yol açabilen geri dönüşümsüz, progresif, fibroinflamatuvar bir hastalığıdır (1). Kronik pankreatit, herhangi bir nedene bağlı tekrarlayan akut pankreatit ataklarından kaynaklanır. Pankreasın devam eden inflamatuvar lezyonları ile progresif destruksiyon ve fibrozisi sonucu oluşan tablodur. Ekzokrin pankreatik doku ve fonksiyonu erken dönemde kaybolur, takiben endokrin parankim ve fonksiyonu kaybolur. İnflamasyon ve fibrozisin yıllarca devam etmesiyle pankreatik yetmezlik gelişir; sonuçta malabsorbsiyon, steatore ve diyabet kliniğine neden olur. Karın ağrısı bu sürece eşlik etmektedir. Kronik pankreatit, hem başlangıç hem de hastalığın ilerlemesi için çeşitli risk faktörleri, değişken klinik ve görüntüleme özellikleri ve komplikasyonları olan çeşitli etyolojilere sahiptir (2). Pek çok hastada hastalık, kesin geçiş noktaları olmamakla beraber akuttan akuta, akuttan nükseden kronik pankreatite geçebilir, yani genel olarak akut pankreatit kronik pankreatitin başlangıcı olarak kabul edilmektedir. Sürekli artan yaşam süresi ve azalan doğum oranı nedeniyle, yaşlı bireyler nüfusun giderek daha büyük bir bölümünü oluşturmaktadır. Hekimler geriatrik yaş grubundaki hastalarda kronik pankreatit yönetimi ile daha sık karşılaşmaktadır.

EPİDEMİYOLOJİ

Kronik pankreatit prevalansında etyolojiye göre bölgesel farklılıklar vardır. Alkole bağlı pankreatit, diğer Asya ülkeleriyle karşılaştırıldığında Japonya ve Batıda daha yaygın görülmektedir. Tropikal ülkelerde endemik olan bir kronik pankreatit formunun prevalansında büyük farklılıklar olabilmektedir (3). Kronik pankreatit insidansı 5-12/100000 arasında, prevalansı 17-42/100000 civarındadır. Alkol tüketiminin yoğun olduğu toplumlarda insidans 100.000'de 3-9, prevalans ise 100.000'de 26,4-28,5 olduğu gösterilmiştir. Prevalans ve insidansın ülkeler arasında değişiklik gösterebileceği göz ardı edilmemelidir (toplumun alkol tüketimi ve tropikal bölgelerde yaşama gibi). Tek başına alkol ve tüm etyolojik nedenler bir arada değerlendirildiğinde bile, insidansın zirveye çıktığı dönem 4.- 5. dekatlardır. 85 yaş altı tüm yaş gruplarında; erkeklerde daha sık (E/K: 3.5/1) olduğu görülür (4-7). ABD'de pankreatit, 65 yaş üstü hastalar için; 2004 yılında 72.000 hastaneden taburcu edilen hasta ve 101.000 ayaktan

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rik hastalarda bakteriyel aşırı çoğalma steatoreyi komplike hale getirebilir ve ona özgün tedavi gerektirebilir. Emilim için lipaza ihtiyaç duymayan orta zincirli trigliseritlere, pankreatik steatore tedavisinde nadiren ihtiyaç duyulur (44). Özellikle geriatrik popülasyonda daha sık görülen Tip 1 OİP tedavisinde steroid temel tedavidir. Steroid kullanımında veya steroid kesilmesinin ardından nüks gösteren hastalarda immünsüpresyon (azatiyoprin, mikofenolat, siklofosfamid, vb.) gerekebilir (69). Kronik pankreatitte meydana gelen pankreatojenik diyabette beta hücreleriyle birlikte alfa ve pankreatik polipeptit salgılayan hücrelerin de hasar görmesi sebebiyle, özellikle de geriatrik hastalarda insülin kullanımı konusunda hipoglisemi açısından dikkatli olmak gerekir.

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