

Bölüm 1

AKUT DİVERTİKÜLİTDE TANI VE TEDAVİDE GÜNCEL YAKLAŞIMLAR

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Divertiküler hastalık, musküler bölgedeki zayıf noktalardan kolon mukozasının kese benzeri çıkıntıları olması şeklinde tanımlanmaktadır. Asemptomatik veya semptomatik olabilmektedir. Bu durum inflamasyonla birlikte olursa divertikülit adını alır.

EPİDEMİYOLOJİ

Divertikülozis koli hastalığı, hastaneye yatışların önemli nedenleri arasında gelmektedir. Avrupa ülkelerinde ve sanayileşen toplumlarda sağlık bakım hizmetlerinde önemli bir gider kapsamaktadır (1). Amerika Birleşik Devletleri'nde prevalansı 40 yaşında yüzde 20'nin altındadır, 60 yaşında yüzde 60'a çıkmaktadır (2). Divertiküllerin sayısı ve boyutları yaşla birlikte artmaktadır.

Batı ülkelerinde sol kolonda görülme ihtimali daha yüksektir.

Kolonoskopik incelemeleri değerlendirilen 624 hastaya yapılan bir çalışmada 260'ında (yüzde 42'sinde) divertikozis saptanmıştır. Yüzde 72'sinde sigmoid kolonda, yüzde 10'unda desendan kolonda, yüzde 6'sında transvers kolonda, yüzde 11'inde çıkan kolonda, yüzde 1'inde çekumda divertiküler hastalık saptanmıştır (3). Özellikle genç yaş gruplarında kadınların erkeklere göre divertiküler hastalığa yakalanma ihtimali daha düşük olduğu saptanmıştır. Asya toplumlarında divertiküler hastalık ağırlıklı olarak sağ taraftadır (4).

RİSK FAKTÖRLERİ

İleri yaş, erkek cinsiyet, sigara içme ve yüksek vücut kitle indeksi, beyaz ırk divertikülozis için risk faktörleri olarak tanımlanmıştır (5,6,7). Genel bilinenin

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cerrahisi, yüksek yaşam kalitesi skorlarıyla sonuçlanmıştır. Hastaların neredeyse yarısı konservatif şekilde tedavi edildi ve devam eden inatçı şikayetler nedeniyle ameliyat gerektiği görüldü (198).

3 veya daha fazla divertikülit atağı tekrarlaması, komplike divertikülitli veya divertikülit sonrası kronik ağrısı olan 85 hastayı içeren LASER adlı çalışmada hastalar başlangıçla altı ay arasında konserve tedaviyle randomize edilmiştir. Rezeksiyon yapılanların yüzde 10'unda ciddi komplikasyonlar (apse ve anastomoz kaçakları) görülmüştür (199).

Divertiküler hastalık için yapılan kolon operasyonları sonrası mortalite, hastalığın ciddiyetine ve komorbiditelerin varlığına bağlı olmakla beraber yüzde 1,3 ile 5 arasında değiştiği gösterilmiştir (64). Akut perforate divertikülit için yapılan cerrahilerde yüzde 15 ile 25'lik bir mortalite ve yüzde 50'ye varan bir morbidite oranları ile ilişkilendirilmiştir (200).

Divertiküler hastalıkta uygulanan elektif cerrahiye takiben postoperatif komplikasyon insidansı yüzde 5 ile 38 arasında değişmektedir (181). Laparskopik cerrahi açık cerrahiye karşılaştırıldığında daha düşük postoperatif komplikasyon riski taşımaktadır (201).

Hastalar genellikle ameliyattan sonra divertiküler hastalıklardan kurtulmaktadırlar. Fakat yüzde 15'inde kolonda yeni divertikül gelişecek ve yüzde 2 ile 11'inde tekrar ameliyat gerekecektir (202). Distal rezeksiyon sınırı rektuma kadar uzatılmazsa nüks olasılığı daha yüksek olacaktır.

Akut divertikülit nedeniyle kolektomi yapılan 17.368 hastada yapılan retrospektif bir çalışmada 164 hastada (yüzde 0,94) kanser saptanmıştır (203). Hastaların yüzde 84'ünde lokal ileri tümörler vardı ve yüzde 37'sinde pozitif lenf nodu saptanmıştır. Yapılan çok değişkenli analizde kanser, sepsis, kilo kaybı ve düşük albümin ile ilişkilendirilmiştir.

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