4. Bölüm

METABOLİK AÇIDAN HİPERLİPİDEMİ

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Giriş

Hiperlipidemi primer ve sekonder olarak 2 başlıkta toplanabilir. Primer hiperlipidemi genetik nedenlidir. Ailevi dislipidemiler primer hiperlipidemi sebebidirler. Sekonder hiperlipidemi ise altta yatan hastalıklar sonucu ortaya çıkar (1). Çevresel faktörler (diyet, alkol kullanımı), diyabet, obezite, metabolik sendrom, hipotiroidi, kronik böbrek yetmezliği, nefrotik sendrom, kronik karaciğer hastalığı, kolestaz ve ilaçlara bağlı olarak sekonder hiperlipidemi görülebilir (2). Lipidler hem vücudumuzda üretilir, hem dışarıdan alınırlar.

Kan lipidleri trigliseridler, lipoproteinler, fosfolipidler, kolesterol ve serbest yağ asitlerinden oluşur. Kandaki kolesterol ve trigliseridler lipoproteinler şeklinde taşınırlar. Protein fraksiyonu fazla olan kısım yüksek dansiteli lipoprotein (HDL), az olan kısım ise düşük dansiteli lipoprotein (LDL) olarak adlandırılır. Kandaki total lipidin %25'ini trigliserid, 1/3'ünü ise kolesterol oluşturur. Lipidler vücudun %10'unu oluşturur. Bunun çoğunluğu trigliseriddir. Trigliseridler yağ dokusunda daha çok bu-

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Yine KBY'likli hastalarda atherogenik lipoprotein partikülü olan Lp(a) nın plazma konsantrasyonu artmıştır. Mekanizma çok net olmamakla birlikte azalmış klirensle ilişkili olduğu düşünülmektedir.

Kolestaz ve Lipid Metabolizması

Safra kesesi ve safra yolları hastalıklarında hiperlipidemi değişken olarak görülebilir. Biliyer obstrüksiyonda en fazla görülür. En önemli mekanizma safra asitlerinin (ve olasılıkla kolesterolün) safra kesesine ekskresyonunun bozulmasıdır. Safra asidi düzeyleri kanda yükselir, kolesterolün karaciğerde safra asitlerine dönüşümü azalır. Lesitin kolesterol aciltransferaz (LCAT) azalır. LCAT enzimi yağ asitlerini kolesteril esteri ve lizofosfatidil koline dönüştürür. LCAT düzeyi düşüklüğü, anormal diskoid HDL partikülleri oluşumuna neden olur.

Sonuç

Lipid metabolizması, hücrelerde enerji oluşumunun önemli bir ögesidir. Karbonhidrat ve protein metabolizmasıyla da ilişkilidir. Lipid metabolizması bozuklukları, doğrudan aterosklerotik hastalıklarla ilişkilidir. Bu nedenle lipit metabolizmasını bozacak ek hastalıklar önemsenmeli ve zamanında tedavilerinin planlanması gerekmektedir.

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