BÖLÜM 141

SİSTEMİK HASTALIKLARIN GASTROİNTESTİNAL VE HEPATİK MANİFESTASYONLARI

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GİRİŞ

İlerleyici sistemik hastalıkların sonucu olarak hepatobiliyer ve gastrointestinal hastalıklar sıklıkla görülmektedir. Sistemik hastalıkların gastrointestinal ve hepatobiliyer manifestasyonları sistemik inflamasyona, altta yatan hastalığın patofizyolojik sürecine ya da kullanılan tedavilerin fonksiyon bozukluğuna bağlı olabileceği gibi genetik faktörlerle de ilişkili olabilir. Tanısal anlamda diğer hepatobiliyer ve gastrointestinal hastalıklar ile karışabilir veya örtüşmeler görülebilir. Kronik gastrointestinal hastalıkların varlığı, hepatik komorbid durumlar (viral hepatitler, alkol intoksikasyonu, aşırı demir yükü v.b.) veya otoimmün karaciğer hastalıkların (otoimmün hepatitler, primer biliyer kolanjit v.b.) varlığı tanısal problemlere yol açabilir. İmmünolojideki son gelişmeler endoskopik ve radyolojik tanı yöntemlerinin gelişmesi ve yaygınlaşması ile hepatobiliyer ve gastrointestinal sistem hastalıklarının ayrışmasını mümkün kılmaktadır. Farklı teropatik çıkarımlar dikkate alındığında prognoz ve tedavinin doğru uygulanması açısından ayırıcı tanının yapılması önemlidir.

SİSTEMİK HASTALIKLARIN GASTROİNTESTİNAL MANİFESTASYONLARI

Kardiyovasküler Hastalıklar

Kalp yetmezliği, konstriktif perikardit, kor pulmonale gibi kardiyak hastalıklar ve komplikasyonları gastrointestinal sistemde intestinal malabsorbsiyon ve protein kaybettiren enteropatiye neden olabilmektedir. Ayrıca iskemik kalp hastalığı iskemik kolit için önemli risk faktörlerinden biridir. Aterosklerotik veya inflamatuar süreçlerle ilişkisi olmayan fibromüsküler displazi hastalığında genellikle renal ve karotid arterlerde tutulumu beklense de mezenterik arteri etkileyerek abdominal angina ve akut intestinal iskemiye de yol açtığı tespit edilmiştir (1). Heyde Sendromu olarak bilinen aort darlığı görülen hastalarda özellikle sol ventrikül desteği için uygulanan cihaz kullanımı sonrası semptomatik gastrointestinal sistem anjioektazileri hastaların %30 ila 40'ında ortaya çıkabilmektedir (2).

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SONUÇ

Sistemik hastalık nedeniyle takip edilen bir hastada hepatobiliyer ve gastrointestinal hastalıkların araştırılması spesifik bir hastalığın tanısını düşünmeden önce sistemik hastalıkla ilişkili nedenlerin dışlanması tedavi ve hastalığın takibi açısından son derece önemlidir. Gastrointestinal ve hepatobiliyer komplikasyonların morbidite ve mortalitenin önemli bir nedeni olması zamanında teşhis ve tedavi edilmelerinin gerekliliğini göstermektedir. Sistemik hastalıkla ilişkili hepatobiliyer ve gastrointestinal sistem hastalıkların tedavisi çoğunlukla altta yatan hastalığın tedavisi ile mümkün olmaktadır. Bu hastaların takibi ve prognozu için doğru tanı konulması önemlidir.

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