BÖLÜM 128

SAFRA KESESİ VE SAFRA YOLU İNFEKSİYÖZ HASTALIKLARI

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AKUT KOLESİSTİT

Akut kolesistit; safra kesesinin ani iltihaplanması sonucu oluşan bir hastalıktır. Büyük oranda %90-95 safra kesesi taşlarının komplikasyonu sonucunda oluşsa da, %5-10 akalkülöz kolesistit de görülür (1). Sağ üst kadran ağrısı, ateş ve lökositoz temel belirtileridir. Acil servise karın ağrısı nedeniyle başvuran hastalar içerisinde akut kolesistit sıklığı %3-10 aralığında bildirilmiştir (2,3).

Akut Taşlı Kolesistit

Akut taşlı kolesistit safra taşlarının en yaygın komplikasyonudur. Sistematik bir derlemede asemptomatik safra kesesi taşı olan hastalarda akut taşlı kolesistit riskinin %1-2, hafif semptomatik olan hastalarda %1-3 görülmüştür (4).

Patogenez

Akut kolesistit, safra taşının genellikle sistik kanalı obstrüksiyonundan kaynaklansa da bu durum sadece obstrüksiyonla açıklanamaz, safra kesesi mukozasının zarar görmesi ve inflamatuar mediatörlerin salınımı patogenezde önemli rol oynar. Bir hayvan deneyinde sistik kanal ligasyonu sonucunda sistik kanal içeriğinin yavaşça emilerek inflamasyona yol açmadığı görülmüş, inflamasyon olması için kese lümeninde irritan maddeye bağlı bir travma gerekliliği ortay konmuştur (5). Travma sonrası ortaya çıkan fosfolipaz A'nın; lesitini normalde safra kesesinde bulunmayan lizolesitine dönüştürmesi ve lizolesitinin prostaglandin E ve F1α artışına yol açarak kolesistite yol açtığı savunulmuştur (6). Akut kolesistitli hastalara diklofenak, ibuprofen ve indometazin gibi prostaglandin inhibitörleri uygulanmasının hem safra kesesi luminal basıncını azalttığı hem de ağrıyı kestiği ve akut kolesistit gelişmesini önlediğiyle ilgili çalışmalar bulunmaktadır (7,8). Akut kolesistitli hastaların yarısına yakınında safra kesesi sıvısında enterik bakteriler gösterilmiş olsa da kolesistit başlangıcına sebep olmadığı düşünülmektedir (9).

Akut kolesititte safra kesesinin histopatolojik olarak hafif ödemden ve akut inflamasyon bulguları görülebildiği gibi nekroz veya gangren de görülebilir. Akut kolesistit uzun süre tedavi edilmez ve sistik kanal tıkalı kalırsa; safra kesesi lümeninde beyaz mukoid bir sıvı birikerek hidrops denilen mukus dolu şişkin safra kesesine yol açabilir (10).

Klinik Bulgular

Her 4 akut kolesistit hastasının 3 tanesi daha önceden biliyer ağrı çektiğini belirtmektedir (11).

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veya stent yerleştirilmesi gibi terapötik müdahaleler yapılabilir. Ancak endoskopik drenaja göre daha invaziv bir yöntemdir ve safra yollarında dilatasyon yoksa yapılamaz.

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