BÖLÜM 126

SAFRA KESESİ VE SAFRA YOLU TAŞ HASTALIKLARI

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GİRİŞ

Safra taşları (kolelitiazis), safra kesesinde veya safra yollarında, safradaki kolesterol veya bilirubinin (hem parçalanma ürünü) anormal derecede yüksek seviyelerinin neden olduğu kitlelerdir (1) (Resim 1).

Safra taşları dünya genelinde yetişkin nüfusun yaklaşık %10-20'sinde görülen ve safra taşı olan kişilerin %20'sinden fazlası yaşamları boyunca ve genellikle de yetişkinlik döneminde semptomatik hale gelen sindirim sistemi patolojisidir. Safra taşı hastalığı, safra kesesinde ve/veya safra kanallarında safra taşlarının neden olduğu semptomların veya komplikasyonların ortaya çıkmasıyla tanımlanır. Klinik açıdan ve tedavi algoritmalarında asemptomatik taşları olanlar genellikle safra taşı hastalığı olarak sınıflandırılmaz (2).

Safra taşı hastalığı, en yüksek sosyoekonomik maliyete neden olan gastrointestinal hastalıklar arasındadır (3). Safra taşı prevalansının, insülin direnci ve metabolik sendromla ilişkili obezite salgını nedeniyle arttığı görülmektedir. Her yıl yaklaşık 1 milyon yeni vaka tespit edilmektedir (4).

Safra taşları bileşimlerine ve konumlarına göre sınıflandırılır. Safra taşlarının %90'ından fazlası esas olarak kolesterolden oluşur (Tablo 1). Diğer taş türleri (<%10) ise siyah ve kahverengi pigment taşlarıyla temsil edilmektedir (5).

Safra kesesindeki taşlar (kolesistolitiazis) ana oluşumdur ve kolesterol ve siyah pigment safra taşlarından (polimerize kalsiyum bilirubinat) oluşur. Buna karşın, bilirubin ve kalsiyum yağ asidi sabunları içeren kahverengi pigment taşları enfekte safra kanallarında oluşur. Safra kanalı taşları, ekstrahepatik taşlar (koledokolitiazis) ve intrahepatik taşlar (hepatolitiazis) olarak sınıflandırılır (6).

EPİDEMİYOLOJİ

Safra taşları yaygındır ve önemli ekonomik yüklere neden olur (2).

Wang ve ark. 2024 yılında yaptığı bir meta-analizde safra taşı prevalansı %6,1 (%5,6-%6,5) olarak tespit edilmiştir. Prevalans kadınlarda erkeklere göre (%7,6'ya karşı %5,4), Güney Amerika'da Asya'ya göre (%11,2'ye karşı %5,1), orta gelirli ülkelerde yüksek gelirli ülkelere göre (%8,9'a karşı %4,0) ve ilerleyen yaşla birlikte daha yüksek bulunmuştur (7).

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