

Kerem KENARLI<sup>1</sup> - Murat Taner GÜLŞEN<sup>2</sup>

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## GİRİŞ

Hepatorenal sendrom (HRS), ciddi kronik karaciğer hastalığı, özellikle ilerlemiş siroz ortamında ortaya çıkan, belirgin böbrek fonksiyonu bozukluğu ile karakterize bir hastalıktır bununla birlikte akut karaciğer yetmezliği sırasında da ortaya çıkabilir (1, 2).

HRS'de, glomerüler filtrasyon hızı (GFR)'nda belirgin bir azalma ve serum kreatinin seviyelerinde bir artış olmasına rağmen, böbrek histolojisinde önemli değişiklikler olmaz ve böbrek fonksiyon bozukluğu ile giden çoğu hastalıktan bu şekilde ayrılır. Daha da önemlisi, HRS potansiyel olarak geri dönüşümlü bir durum olduğundan serum kreatinin ve GFR normal aralığa dönebilir. Bozulmuş böbrek fonksiyon testleri vazokonstriktörlerin kullanıldığı farmakolojik tedaviyle düzeltilemezse karaciğer transplantasyonu yapılarak çoğu kez kesin tedavi elde edilir. Az sayıda vakada ise kendiliğinden bir düzelme söz konusu olabilir. HRS'nin kısa dönemde prognozu genellikle kötüdür ve prognoz böbrek yetmezliğinin ve buna bağlı organ yetmezliklerinin geri dönüşümüne bağlıdır (3).

Spesifik tanı belirteçleri olmadığından HRS tanısını koymak güçlük arz edebilir. Ayrıca, karaciğer hastalığı olanlarda HRS dışındaki nedenlere

bağlı olarak; intravasküler volüm azalması, Akut tubuler nekroz (ATN), ilaç toksisitesi ve glomerülointerstisyel hastalıklar nedeniyle de böbrek yetmezliği gelişebilir (4).

Tipik olarak HRS iki farklı klinikle ortaya çıkar. Tarihsel olarak tip 1 HRS olarak bilinen ilk klinik durumda, böbrek fonksiyonunda ani bir bozulma meydana gelir. Bu hastalar, Kidney Diseases Improving Global Outcomes (KDIGO) (Tablo-1) tarafından özetlenen (5) modern akut böbrek hasarı (ABH) kriterlerini karşılamaktadır ve bu nedenle bu HRS modeli artık ABH-HRS olarak bilinmektedir. Ancak tip 1 HRS terimi klinik pratikte hala çok sık kullanılmaktadır.

Uzun yıllar, sirozlu hastalardaki ABH'yi tanımlarken serum kreatinin düzeyinin >1,5 mg/dl olması önemseniyordu, artık ABH, başlangıçtaki kreatinin düzeyine göre ne kadar bir değişikliğin olduğu şeklinde bir temele dayandırılmaktadır (5, 6). Bu nedenle, sirozdaki ABH artık serum kreatininin başlangıçtaki değerinden sapmasının ciddi yet derecesine göre dört aşamalı olarak sınıflandırılmaktadır (5).

Klasik olarak tip 2 HRS olarak bilinen ikinci klinik durumda ise böbrek fonksiyonunda kronik bir bozulma vardır (7, 8); dolayısıyla bu hastalar,

<sup>1</sup> Uzm. Dr., Sağlık Bilimleri Üniversitesi, Ankara Bilkent Şehir Hastanesi, Gastroenteroloji Kliniği, Gastroenteroloji Yandal Asistanı, kerem\_kenarli@hotmail.com, ORCID iD: 0000-0002-5952-2706

<sup>2</sup> Prof. Dr., Gaziantep Üniversitesi, Tıp Fakültesi, İç Hastalıkları AD., Gastroenteroloji BD., mtgulsen@yahoo.com, ORCID iD: 0000-0002-8531-9402

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