

GİRİŞ

Hepatik ensefalopati (HE), karaciğer disfonksiyonu sonucu ortaya çıkan nöropsikiyatrik bir bozuluktur ve özellikle kronik karaciğer hastalığı veya akut karaciğer yetmezliği olan hastalarda görülmektedir. HE, hafif kafa karışıklığı ve ruh hali değişikliklerinden, ciddi dezoryantasyon ve komaya kadar uzanan bir dizi bilişsel ve motor bozukluk ile karakterizedir. HE'nin temel patofizyolojisi karmaşık olup, esas olarak bağırsakta üretilen ve normalde karaciğer tarafından detoksifiye edilen başta amonyak olmak üzere çeşitli nörotoksinlerin santral sinir sisteminde (SSS) birikimi ile ilişkilidir (1). Güncel öneriler HE etyolojik sınıflandırması, "tip A" HE akut karaciğer yetmezliğine, "tip B" önemli bir karaciğer hastalığı olmaksızın portosistemik şanta ve "tip C" portosistemik şanlı veya şantsız siroza bağlıdır (2). HE'nin klinik sınıflandırması ise minimal hepatik ensefalopati (MHE) ve aşikar hepatik ensefalopati (AHE) olarak iki kategoriye ayrılabilir (3). MHE genellikle asemptomatiktir veya hafif bilişsel eksikliklerle kendini gösterir, bu da spesifik nöropsikolojik testler olmadan tanı koymayı zorlaştırır (4). AHE ise kafa karışıklığı, kişilik değişiklikleri ve bilinç bozukluğu gibi belirgin nörolojik semptomlarla karakterize-

dir ve bu durum hastanın yaşam kalitesini önemli ölçüde etkileyebilir ve mortalite riskini artırabilir (1). HE'nin şiddetini sınıflandırmak için yaygın olarak West Haven kriterleri kullanılmakta olup, bu kriterler tanı ve takipte standart bir yaklaşım sunmaktadır (Tablo 1-2) (5).

EPİDEMİYOLOJİ

HE'nin epidemiyolojisi, endişe verici bir prevalans ve hasta sonuçları üzerindeki etkisini ortaya koymaktadır. Çalışmalar, belirli popülasyonlarda kronik karaciğer hastalığı olan hastaların yaklaşık %14,9'unun HE'ye sahip olduğunu, MHE oranının ise %66'ya kadar çıkabildiğini göstermektedir; bu durum, klinik uygulamalarda HE'nin yeterince tanınmadığını vurgulamaktadır (6). Bildirilen prevalans oranlarındaki değişkenlik, tanı kriterleri ve metodolojilerdeki farklılıklar ile sosyodemografik faktörlerden kaynaklanmaktadır (7). HE'nin insidansı, siroz hastalarında oldukça yüksektir ve tahminler, insidans oranının 100 kişi-yıl başına 11,6 olduğunu göstermektedir (8). Bu durum, önemli morbidite ve mortalite ile ilişkilidir; örneğin, HE tanısı alan sirotik hastaların bir yıl içinde hayatta kalma oranı %42, üç yıl içinde ise %23'tür (9). Ayrıca, HE hastaneye yatış, kaza, yaralanma ve

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