BÖLÜM 98

KARACİĞERİN VASKÜLER HASTALIKLARI

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GİRİŞ

Vasküler karaciğer hastalıkları (VKH); nadir görülen hastalıklar grubunda yer almakta olup, sıklığı yaklaşık yüz bin kişide 5 kişi olarak bildirilmektedir. Erken tanı konulup, etkin bir biçimde tedavi edilmedikleri takdirde, özellikle etkilenen genç hastalarda ciddi mortalite ve morbiditeye neden olabilmektedirler (1). Mortalite ve morbiditenin ana nedeni ise, sebep oldukları non-sirotik portal hipertansiyondur. Son iki dekatta kaydedilen gelişmelere rağmen, doğal seyirleri, patofizyolojileri ve tedavilerine ilişkin bilgilerimiz sınırlı vaka sayıları içeren çalışmalara dayanmaktadır.

Metabolik olarak aktif bir organ olan karaciğer, anatomik olarak dual kanlanma gösteren tek organdır; %75'i portal venden ve %25'i hepatik arter dallarından beslenmektedir (2). Venöz drenajı ise, sağ, orta ve sol hepatik venler aracılığıyla inferior vena cava'ya olmaktadır. Portal kan akımı arttığında, hepatik kan akımı azalır; tam tersi durum da söz konusudur. Her iki vasküler sistem birbirlerini kompanse ederek karaciğeri iskemiden korumaya çalışmaktadırlar. Karaciğer parankimi *iskemi, yetersiz venöz direnaj* ve *spesifik vasküler lezyonlar* nedeniyle hasar görebilir (3). Vasküler karaciğer hastalıklarının bir grubunda sorun direkt karaciğere ait vasküler yapıları ilgilendiriyorken (Budd-Chiari sendromu, portal ven trombozu gibi), diğer bir bölümünde (iskemik hepatit, konjestif hepatopati gibi) patolojinin kaynağı, sistemik dolaşım yetersizliğinin bir sonucu olarak karaciğer kan akımında bozulma meydana gelmesidir.

Hepatik vasküler yapının her bir komponenti (hepatik sinüzoidler, portal ven, hepatik arter ve hepatik venler) patolojk süreçten etkilenebilir ve klinik bulgular etkilenen birime bağlı olarak değişir. Hastalar, *akut karaciğer hasarı* (hepatosellüler nekroz veya kolestaz) veya kronik *karaciğer hastalığı* (tümör benzeri lezyonlar veya portal hipertansiyon) semptom ve bulgularıyla prezante olabilirler. En sık karşılaştığımız VKH Tablo 1'de özetlenmiştir. Bu makalede her birine ilişkin klinik özellikler, tanı ve tedavi yaklaşımlarından kısaca bahsedilmesi amaçlanmıştır.

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Tablo 9. Trombotik Vasküler Karaciğer Hastalıklarında Antikoagülan İlaç Tedavisi (66)			
İlaç Sınıfı	**Düşük Molekül Ağırlıklı Heparin (DMAH)**	**Vitamin K Antagonsitleri (VKA)**	**Direkt Oral Antikoagülanlar (DOAK)**
Uygulama şekli	Subkutan	Oral	Oral
Monitörizasyon gereksinimi	-	INR	-
Sirotik hastalarda güvenli kullanım	Evet	Evet	Giderek artan veriler mevcut
CTP- A	Evet	Evet	İlk seçenek
CTP- B	Evet	Evet, ancak INR ayarı güç	Evet, yakın takiple kullanım
CTP- C	İlk seçenek, seçilmiş hastalarda	Hayır	Hayır
Karaciğerden eliminasyon oranı		%100	• Apiksaban %75 • Rivaroksaban %65 • Edoksaban %50 S • Dabigatran %20

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