

YAĞLI KARACİĞER HASTALIĞI

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GİRİŞ

Yağlı karaciğer hastalığı, 1980'li yıllarda, yoğun alkol kullanımı olmayan ve yağlanma için ikincil bir sebebi olmayan hastalarda, karaciğerde saptanan yağlanma için kullanılan bir terim olmuştur.

Zamanla bu hastalık grubu daha da ayrıntılı incelenerek alkol ilişkisiz yağlı karaciğer hastalığı (NAFLD), eğer histolojik olarak karaciğer dokusunda hepatosit hasarı ve inflamatuar aktivite saptanıyorsa alkol ilişkisiz steatohepatit (NASH) olarak tanımlanmıştır (1). Zamanla NAFLD olan hastalarda eğer metabolik disfonksiyon da mevcutsa metabolik disfonksiyon ilişkili yağlı karaciğer hastalığı (MAFLD) olarak tanımlanmaya başlanmıştır (2). Yine bununla birlikte NASH olan hastalarda da metabolik disfonksiyon varlığında MASH (metabolik disfonksiyon ilişkili steatohepatit) terminolojisi kullanılmaya başlanmıştır. 2023 yılı sonlarında Amerikan Karaciğer Hastalıkları Çalışma Derneği hastalığın patogenezinin daha tanımlanabilir olması için terminolojide değişikliklerin yapılması gerektiğine karar verilerek, hastalığın ismi "steatotic liver disease" yani yağlı karaciğer hastalığı (SLD) olarak kabul edilmiştir. MAFLD yerine metabolik disfonksiyon ilişkili yağlı karaciğer hastalığı (MASLD), NASH yerine metabolik disfonksiyon

ilişkili steatohepatit (MASH) olarak tanımlanmış ve SLD'nin alt grupları belirlenmiştir (3).

TANIM

Karaciğer biyopsisi veya görüntüleme ile karaciğerde yağlanma saptanan hastalar SLD olarak tanımlanmaktadır. Tablo 1'de tanımlanan kardiyometabolik risk faktörlerinden en az birine sahip hastalarda eğer karaciğer yağlanması için başka bir risk faktörü yoksa (alkol vb) MASLD olarak tanımlanır.

Tablo 1. Kardiyometabolik risk faktörleri (3)

Açlık kan şekeri ≥ 5.6 mmol/L (100 mg/dL) veya 2 saat tokluk kan şekeri ≥ 7.8 mmol/L (≥ 140 mg /dL) veya HbA1c ≥ 5.7 (39 mmol/L) veya tip 2 diyabetes mellitus veya tip 2 diyabetes mellitus için tedavi almak

Kan basıncının $\geq 130/85$ mmHg olması veya antihipertansif tedavi almak

Plazma trigliseridlerinin ≥ 1.70 mmol/L (150 mg/dL) veya antihiperlipidemik tedavi almak

Plazma HDL kolesterolü ≤ 1.0 mmol (40 mg/dL) erkeklerde ve ≤ 1.3 mmol/ L (50 mg/dL) kadınlarda veya antihiperlipidemik tedavi almak

Vücut kitle indeksinin (VKİ) ≥ 25 kg/m² (Asya'da) veya bel çevresinin >94 cm erkeklerde ve >80 cm kadınlarda veya etnik köken ilişkili eş değer

VKİ : Vücut Kitle İndeksi, HbA1c: Hemoglobin A1c, HDL: High dansity lipoprotein

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yedi yıllık takiplerde %2,4 ve üç yıllık takiplerde %12,8 arasında değişmektedir (93). Sirozu olmayan hastalarda 20 yıla varan takip sürelerinde HCC ilişkili ölüm riski 0-3 arasında saptanmıştır. Farklı takip yerlerinde yapılan çalışmalarda MASH ilişkili siroz hastalarının hepatit C gibi diğer etiyolojik sebeplerle kıyaslandığında HCC surveyansı daha düşüktür (95,96).

SONUÇ

MASLD, kronik karaciğer hastalığının ve karaciğerle ilişkili morbidite ve mortalitenin önde gelen nedenidir. Hastalığın daha iyi anlaşılması ile alkol alımı ve metabolik risk faktörleri hastalık sınıflandırmasına daha iyi dahil edilmiş ve yeniden adlandırılmaya yol açmıştır. Bu hastaların tanımlanması, etiyolojinin erken teşhisi ve risk faktörlerine karşı müdahalelerin yapılması prognoz için önemlidir. MASLD'nin önlenmesi ve tedavisinde yaşam tarzı değişiklikleri temeldir, antidiyabetik ilaçlar tamamlayıcı bir rol oynamaktadır. Hastalığın sonuçlarını iyileştirmek için komplikasyonların gelişmesinden önce erken hastalık teşhisi ve önlenmesi esastır.

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