BÖLÜM 84

ALKOLE BAĞLI KARACİĞER HASTALIKLARI

Gülşah FİDAN ÖZKUMUR [1] - Dinç DİNÇER [2]

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GİRİŞ

Alkole bağlı karaciğer hastalıkları (ABKH), alkol kullanımı sonucu görülen steatozis ve steatohepatitten, progresif fibrozis, alkole bağlı hepatit (ABH), alkole bağlı karaciğer sirozu ve bu zeminde gelişen hepatosellüler karsinom (HCC) ve kronik karaciğer yetmezliği üzerine akut karaciğer hasarı gibi birçok şekilde karşımıza çıkabilen karaciğer hastalıklarının bütünüdür (1,2).

ABKH tüm dünyada ileri evre karaciğer hastalığı ve karaciğer hastalığı ilişkili mortalitenin başlıca sebebidir. Her yıl alkolün zararlı etkileri ile ilişkili 3.3 milyon ölüm olur, bu da bütün ölümlerin %5.9'udur. Bu ölümlerin çeyreği üretkenlik çağındaki 25-39 yaş arasındaki gençlerdir (3). Dolayısıyla alkol ilişkili hastalıkların tanısı, tedavisi, takibi ve bu hastalıklardan korunmada alınacak önlemler önem arz etmektedir.

EPİDEMİYOLOJİ VE HASTALIK DAĞILIMI

ABKH prevalansı 2014 yılından beri artmaktadır ve bu durum ciddi bir halk sağlığı ve ekonomik yüke yol açmaktadır (4). Özellikle genç hastalar ve kadınlarda ABKH ve alkol kullanım bozukluğu (AKB) artışının daha belirgin olması, bu populasyonlara yönelik koruma ve tedavi çalışmalarının artması gerekliliğini göstermektedir.

Alkol tüketimi dünya çapında jeografik olarak değişkenlik gösterir. Örneğin; kişi başına düşen alkol tüketim miktarı en yüksek Kuzey ve Doğu Avrupa ülkelerinde ve Rusya'dadır (5). Dünya Sağlık Örgütü'nün alkol ve sağlıkla ilgili 2018 raporuna göre Avrupa ülkelerinde alkol tüketimi azalırken özellikle ekonomik koşulların iyileşmesi sonucu Çin ve Hindistan'da olmak üzere Asya ve Amerika'da alkol tüketimi artmaktadır. Ancak kişi başına tüketilen alkol miktarı en yüksek ülkeler hala Avrupa ülkeleridir (6).

Alkole Bağlı Karaciğer Hastalıkları-Risk Faktörleri

Alınan alkol miktarı ve alkol kullanım süresi ABKH gelişiminde primer risk faktörüdür. Amerika Birleşik Devletleri'nde bir 'standart içki'14g veya 0,6 fl oz (fluid ounce) saf alkol içeren içecek olarak tanımlanır. Buna göre %5 alkol içeren standart biranın 12 onsu, yaklaşık %12 alkol içeren 5 ons şaraba eşdeğer saf alkol içerir. Standart içki

[1] Uzm. Dr., Akdeniz Üniversitesi, Tıp Fakültesi, İç Hastalıkları AD., Gastroenteroloji BD., Gastroentroloji Yandal Asistanı, gusah_fidan@hotmail.com, ORCID iD: 0000-0003-3459-1868

[2] Prof. Dr., Akdeniz Üniversitesi, Tıp Fakültesi, İç Hastalıkları AD., Gastroenteroloji BD., dincdincer68@gmail.com, ORCID iD: 0000-0001-6769-9344

veya SALT (Sustained alcohol use post LT) ölçeği kullanılabilir (178–181).

Bazı merkezlerde hastalara altı ay şartına ilave olarak 'Adsız Alkolikler'gibi madde suistimaline yönelik tedavi programı da önerilmektedir. Madde kullanımına yönelik tedavi alan hastalarda karaciğer nakli sonrası relaps daha az görülür (182). Sigara kullanmak post-transplant morbidite ve mortalite açısından bağımsız ve önemli bir risk faktörüdür (183,184). Bu yüzden sigaranın bırakılması hastalara mutlaka önerilmelidir, bu hastaların sigara bırakma programlarına dahil edilmesi de etkili olabilir.

Yapılan bir çalışmada ABKH nedeniyle karaciğer nakli yapılan ve non-alkolik sebeplere bağlı karaciğer nakli yapılan hastalarda hasta sağ kalımı ve greft sağkalımı birinci ve beşinci yıllarda benzer bulunmuş; ancak onuncu yılda ABKH sonrasında karaciğer nakli yapılan hastalarda non-alkolik nedenlere bağlı karaciğer nakli yapılan hastalara göre hasta sağkalımı ve greft sağkalımı oranlarının azaldığı gösterilmiştir (185). Uzun dönemde iki hasta grubu arasında böyle bir fark olması, hem uzun dönem mortaliteyi azaltmak hem de hasta seçimi ve post-transplantasyon hasta bakımı konusunda daha iyi sonuçlar elde etmek için bu konuda daha fazla çalışmaya ihtiyaç olduğunu düşündürmektedir.

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