17. Bölüm
KARACİĞER İSKEMİ REPERFÜZYON

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17.1. Karaciğer İskemi Reperfüzyon

Karaciğer iskemi ve reperfüzyon (İ/R) hasarı, travma, hemorajik şok, resüsitasyon, karaciğer nakli ve rezeksiyonu ameliyatlarından sonra görülen, hücresel ölüm ve karaciğer disfonksiyonunun en önemli nedenidir. Karaciğer İ/R hasarı, karaciğerin kan ve oksijen (O_2) beslenmesinin kesilmesine ve ardından kan akışının ve doku oksijenasyonunun restorasyonuna yanıt olarak ortaya çıkan karmaşık bir fenomendir. Karaciğer rezeksiyonu sırasında ve diğer intraoperatif manevralar esnasında kan kaybını azaltmaya yönelik teknikler, karaciğer İ/R hasarına neden olabilir. Transplantasyon prosedürü sırasında ise karaciğerde İ/R hasarı kaçınılmazdır. Bu, hafif organ disfonksiyonundan, karaciğer yetmezliğine kadar değişen sonuçlarla karaciğer canlılığını doğrudan etkiler. Karaciğer İ/R hasarı kapsamlı bir şekilde incelenmiştir, ancak hala anlaşılması gereken çok şey vardır (1).

17.2. Karaciğer Anatomisi ve Fizyolojisi

Normal bir yetişkinde toplam vücut ağırlığının yaklaşık %2-3'ü kadar olan karaciğer, vücuttaki en büyük solid organdır. Karaciğerin portal ven ve hepatik

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Tablo 17.3. Sıcak ve soğuk iskemi tekniklerinin karşılaştırılması	
Sıcak İ/R Hasarı	İmmün yolakların aktivasyonu (kupffer hücreleri, nötrofiller) ve ROS üretimi baskındır Ağırlıklı olarak hepatosit hasarı
Soğuk İ/R Hasarı	Donör greftin çıkarılıp soğuk saklanması ve transplante edilmesi ile oluşur Endotel hücreleri soğuk iskemiye daha duyarlı Ağırlıklı olarak mikrosirkülasyonun bozulması ile İ/R hasarı, pıhtılaşmaya bağlı iskemi Uzamış soğuk İ/R ile immün hücre aktivasyonu, ROS üretiminin ön planda olduğu hasarlanma baskın hale gelir

Tablo 17.4. Cerrahi tekniklerin karşılaştırılması	
Normotermik iskemi-portokaval dekompresyon ile global karaciğer iskemisi	Pringle manevrası ile oluşan İ/R'a ek olarak portokaval dekompresyon ile intestinal koruma
Normotermik iskemi- dalak transpozisyonu ile global karaciğer iskemisi	Portosistemik kollateraller gelişmesi için uzun süre (yaklaşık 3 hafta) geçmelidir
Normotermik iskemi- kısmi karaciğer iskemisi	Portal dekompresyon gerektirmez Tersinir, basit ve tekrarlanabilirdir
Soğuk iskemi-transplantasyon	Mikrovasküler teknik, kliniğe daha uyumlu Manşet anastomoz tekniği, daha kolay Mikrocerrahi teknik deneyim gerektirir

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