Bölüm 18

HEPATİT B VİRÜS ENFEKSİYONU

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GİRİŞ

Tarih boyunca salgın hastalıklar insanlığı tehtit etmiştir. Enfektif hepatit ilk olarak M.Ö. 5. yüzyılda klinik olarak tanımlanmıştır. O tarihten beri aralıklı sarılık salgınları bildirilmektedir. İatrojenik ilk sarılık salgını, 1883'de Almanya Bremande suçiçeği aşısı uygulanan gemi çalışanlarında bildirilmiştir. 1947 yılında MacCallum ve Bauer hepatit etkenlerinin farklı epidemiyolojileri olduğunu fark ederek, oral yolla bulaşanı Hepatit A ve serum ile bulaşanı Hepatit B olarak tanımlamışlardır [(1)]. 1965 yılında Blumberg ve ark. serumda Avustralya antijenini bulduktan sonra; Hepatit B virüsü (HBV) tanımlanmış, sonrasında Avustralya antijeninin hepatit B yüzey antijeni (HBsAg) olduğu akut ve kronik hepatit B enfeksiyonu ile ilişkisi ortaya konulmuştur. 20. yüzyıl sonlarına doğru HBV hakkında bilgi birikimleri artmış, HBV'nin doğal seyrinin anlaşılmasına imkan sağlayan HBV spesifik ve sensitif serolojik testler uygulama girmiştir. Bu bilgiler HBV enfeksiyonunun epidemiyolojisi ve patogenezinin anlaşılmasını sağlamış, aşı geliştirme çalışmalarına ışık tutmuştur [(2-4)].

ETKENİN TANIMI

Hepadnaviridae ailesinin prototipi olan HBV, çift sarmallı ve zarflı bir DNA virüsüdür. DNA reverstranskriptaz virüslerinin dahil olduğu Grup VII'nin üyesidir. Doğal konağı insandır. 3020-3320 arasında nükleotid içeren kısmen çift sarmallı sirküler bir DNA'ya sahiptir. Genom, birbiri içine geçen genler içeren şekilde organize olmuştur. Negatif iplikçikli DNA içinde 4 açık okuma bölgesine (Open Reading Frame, ORF) sahiptir. Genler; HBsAg ve HBcAg gibi yapısal proteinleri, polimeraz ve X proteini gibi replikatif proteinleri ve düzenleyici elemanları kodlamaktadır. Virüsün enfektif olabilmesi için dizilimin korunması gerekmektedir. Kompakt olan genom yapısı mutasyon gelişimini sınırlar, çünkü genom dizilimde meydana gelen değişiklikler protein kodunun yanlış okunması ile sonuç-

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Kronik HBV hastaları uzun süreli tedavi gerektirdiğinden, tedavi yalnızca ALT'de kalıcı veya aralıklı yükselme ve/veya önemli histolojik anormallikler (orta/şiddetli inflamasyon veya köprüleyici fibroz/siroz) veya elastografiye dayalı ileri fibrozis olanlar için önerilir.

SONUÇ

Epidemiyolojisi ve bulaşma yolları bilinen HBV'nin riskli popülasyonlarda taranması; enfekte olanların takibe alınarak HCC ve kronik karaciğer hastalığı gelişimini önleyecektir. Henüz enfekte olmayanlara HBV aşının uygulanması, kaynak kontrolünün sağlanarak uzun dönemde etkilerini gösteren bu epideminin kontrol altına alınmasını sağlayacaktır.

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