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TANIM

Akut pankreatit (AP), pankreas bezinin akut inflamasyonu olarak tanımlanan lokal ve sistemik etkileri olan klinik bir durumdur. Bu durum, pankreasın kendi sindirim enzimleri tarafından zarar görmesiyle ortaya çıkar ve genellikle şiddetli karın ağrısı, bulantı, kusma semptomlarıyla kendini gösterir. Gastroenteroloji pratiğinde dünyada en çok yatış gerektiren klinik durumların başında gelmektedir. Akut pankreatit genellikle uygun tedavi altında kendini sınırlarken vakaların yaklaşık %20 si orta-şiddetli pankreatite ilerleyebilmektedir. Şiddetli pankreatitlerde mortalite %20'nin üzerine çıkabilmektedir(1, 2).

EPİDEMİYOLOJİ

Akut pankreatitit yıllık insidansı 3-75 vaka/100000, mortalite oranları ise %2'nin altındadır (3, 4). AP mortalitesi, erken tedavinin önemini kavranılmasıyla 2 dekat öncesine kıyasla belirgin düşmüştür (5). Ancak her ne kadar Asya kıtasında akut pankreatit insidansı stabil ise de Avrupa ve Amerika kıtasında insidansı artış eğiliminde olduğu gösterilmiştir(6, 7).

Ülkemiz için AP için finansal yükü gösteren veri bulunmamaktadır. Ancak Amerika Birleşik Devletleri (ABD) resmi devlet verilerinde akut pankreatitin, ABD'de her yıl 275.170 yatışa neden olduğu ve yıllık 2,6 milyar dolarlık sağlık harcamasına yol açtığı belirtilmektedir(8).

RİSK FAKTÖRLERİ

İleri yaş hem insidans hem de mortalite açısından risk faktörüdür ve bu duruma çoklu ilaç kullanımının katkıda bulunduğu bilinmektedir (9).

Cinsiyet açısından her ne kadar erkeklerde 1.5-2 kat daha yüksek olduğunu belirten çalışmalar olsa da genel kanı cinsiyete bağlı etkilenmediğidir. Erkeklerde alkole ve hipertrigliseridemiye bağlı AP daha sık görülürken, kadınlarda biliyer nedenli AP daha sık görülmektedir(10, 11). Ayrıca mortalite erkeklerde daha yüksektir (12)

Sigara pankreatik asiner hücre hasarına yol açıp hücre içi kalsiyumun açığa çıkararak ayrıca pankreatik kan akışını bozarak AP ve kronik pankreatite yol açabilmektedir(13). Obezite, hipertrigliseridemi, gebelik ve siyah ırk risk faktörleri arasında gösterilmektedir (14).

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dite ve mortaliteyi azaltmada fayda sağladığı gösterilmiştir, bu nedenle bu hastaların uzman merkezlere sevk edilmesi çok önemlidir.

AKUT PANKREATİTİN UZUN VADELİ SONUÇLARI

Akut pankreatit sonrası, hastaların yaklaşık %20-30'unda pankreasın ekzokrin ve endokrin işlevlerinde bozulma meydana gelir. Bu gruptaki hastaların üçte biri ile yarısında kronik pankreatit gelişir. Tekrarlayan atakların ve kronik pankreatite dönüşüm riskinin ana belirleyicileri arasında ilk atağın şiddeti, pankreatik nekrozun kapsamı ve akut pankreatitin nedeni bulunur. Özellikle aşırı alkol tüketimi ve sigaranın bir kofaktör olarak rol oynadığı vakalarda, kronik pankreatite geçiş riski önemli ölçüde artar. Bu durum, alkol ve sigara tüketimini azaltmaya yönelik güçlü tedbirlerin alınmasının önemini göstermektedir (131, 132).

NÜKSLERİN ÖNLENMESİ

Kolesistektomi, tekrarlayan biliyer kaynaklı pankreatiti önlemektedir. Kolesistektomi ameliyatının birkaç haftadan fazla ertelenmesi, hastayı yaklaşık %30 oranında tekrarlayan pankreatit riskiyle karşı karşıya bırakır. Hafif safra taşı pankreatiti yaşayan hastaların taburcu olduktan sonra 25 ila 30 gün içinde kolesistektomi ameliyatı olması, safra taşına bağlı komplikasyonların %75 oranında azalmasını sağlar. Ameliyat yapılması uygun olmayan hastalarda ise, endoskopik biliyer sfinkterotomi tekrarlayan biliyer pankreatit riskini azaltabilir; ancak bu yöntem sonraki akut kolesistit gelişmesini önlemeyecektir (87, 133-135).

Alkole bağlı AP geçiren ve alkol tüketimine devam eden hastalarda, pankreatitin tekrarlama riski yüksektir. Bu hastaların tekrar pankreatit geçirme riski, alkolden tamamen uzak durmaları durumunda önemli ölçüde azalır. Alkol tüketimini bırakmayı teşvik etmek için hastalar yönlendirilmelidir, ancak bu durum birçok vakada zor olmaktadır. Sigaranın bırakılması da pankreatit

tekrarını önleyici bir tedbir olarak önerilen müdahaleler arasındadır. Alkol ve sigara tekrarlayan pankreatit için yaygın risk faktörleridir (136, 137).

İlaca bağlı pankreatit geçiren hastalarda şüpheli ilacın kesilmesi, alternatif ilaca geçilmesi nüks riskini azaltacaktır (46).

Hiperlipideminin sıkı kontrolü, HTG'nin neden olduğu pankreatit nüksünü önleyebilir (138).

Pankreatitin birincil önlenmesi, yalnızca ERCP'nin neden olduğu pankreatit için mümkündür. Öncelikle ERCP için net endikasyonu olmayan hastalardan kaçınılmalıdır. Rektal indometazin tedavisiyle farmakolojik profilaksi yanında yüksek riskli hastalara işlem sırasında geçici pankreatik stent yerleştirilmesi de post-ERCP pankreatit riskini azalmaktadır (139-141)

Pankreas divisum olan semptomatik vakalarda endoskopik tedavi ile minör papilla sfinkterotomisi, pankreatik akışı düzeltmede etkili olarak tekrarlayan pankreatit ataklarını önleyebilir. Kortikosteroid tedavisi, otoimmün pankreatitte semptomların gerilemesi ve pankreatik fonksiyonların korunmasında oldukça etkilidir. Nükslerin önlenmesi için hastalar immünsüpresif tedavi ile takip edilmelidir (142).

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