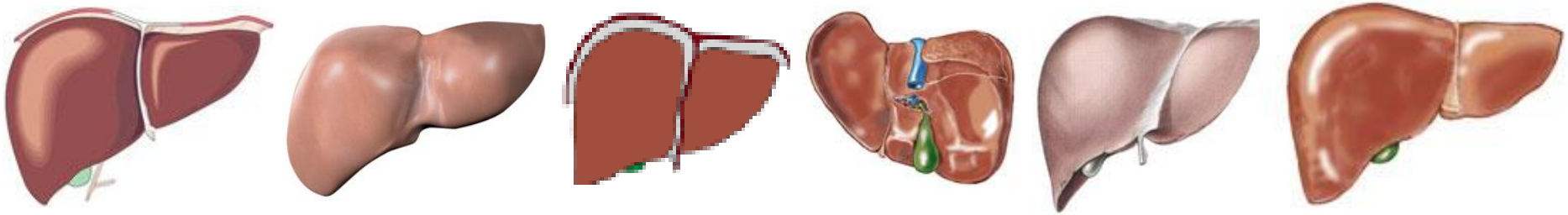
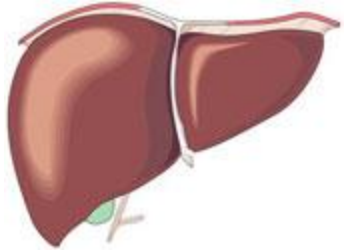
VİRAL HEPATİTLERİN SINIFLAMASI

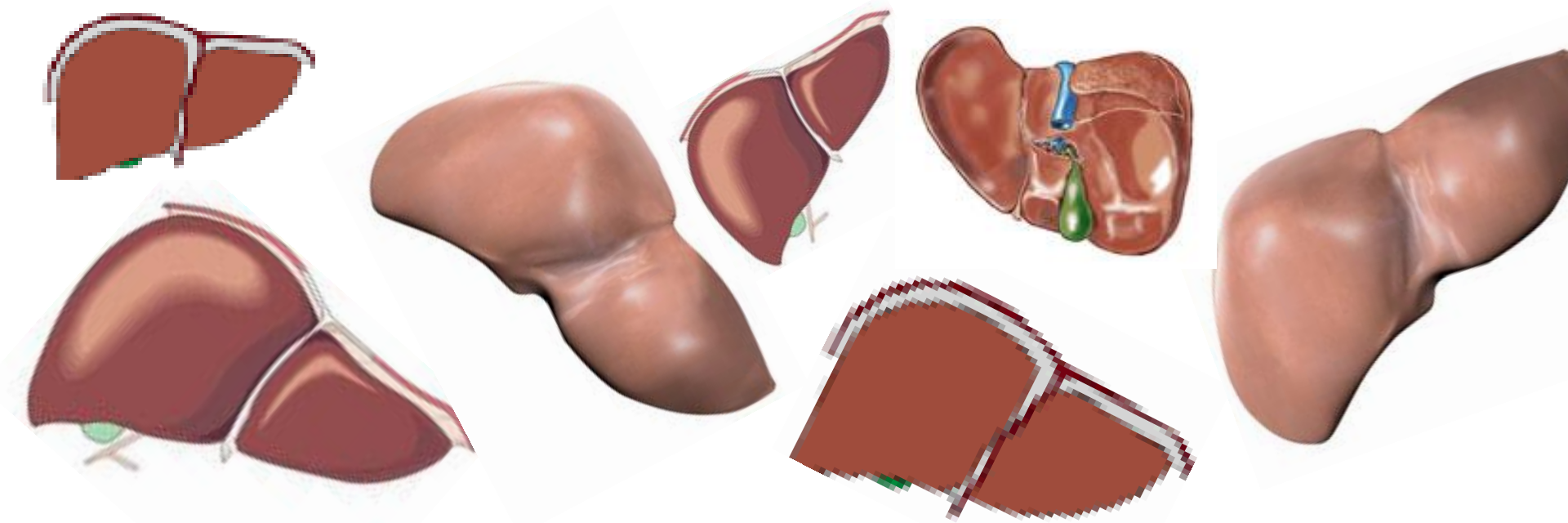
YEŞİM GÜRBÜZ



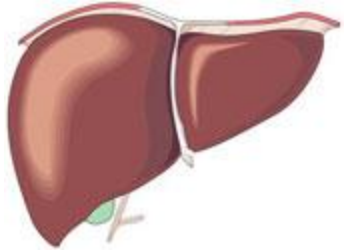

STOP
TM



KARACİĞER BİOPSİLERİNE YAKLAŞIM

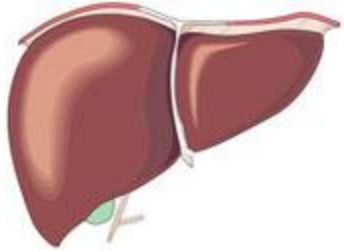


KARACİĞER BİOPSİSİ ENDİKASYONLARI



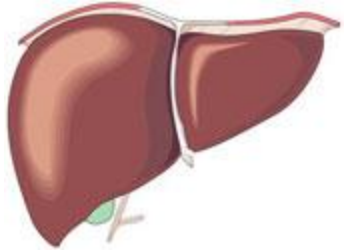
- Anormal karaciğer fonksiyon testlerinin nedenini araştırmak,
- Ateş etiolojisi araştırmak,
- Neoplazi tanısı koymak,
- Asit ve portal hipertansiyon nedenini araştırmak,
- KRONİK HEPATİTİN EVRELEMESİ,
- TEDAVİ ETKİLERİNİN GÖZLENMESİ
- Yağlanmanın ve olası komplikasyonlarının tanımlanması,
- Karaciğer, böbrek, kemikiliği transplantasyonundan sonra kc disfonksiyonunu değerlendirilmesi,
- Sarılığın nedeninin araştırılması,

KARACİĞER BİOPSİSİ TİPLERİ



- PERKÜTAN (KESİCİ İĞNE, ASPİRE EDİCİ İĞNE)
- USG yada CT eşliğinde iğne
- Laparoskopik
- Operatif wedge
- İnce iğne aspirasyonu

KARACİĞER BİOPSİSİNDEN BEKLENMESİ GEREKENLER



- Biopsi genelde tek başına tanı koydurucu değildir.
- MORFOLOJİK GÖRÜNTÜLERİN TANI KOYDURUCULUĞU SINIRLIDIR
- **HASTANIN KLİNİK, BİOKİMYASAL, İMMUNUNOLOJİK, RADYOLOJİK BULGULARININDA PATOLOG TARAFINDAN BİLİNMESİ YETERSİZ YADA YANLIŞ YORUMLARA NEDEN OLACAK BİR RAPOR ÇIKARMAYI ÖNLEMEK İÇİN GEREKLİDİR!!!**

KOCAELİ ÜNİVERSİTESİ TIP FAKÜLTESİ KARACİĞER BİOPSİSİ GÖNDERME FORMU

KİMLİK:

Ad soyad: Cinsiyet: Yaş:

Daha önce biopsisi varsa Tarihi: Tanısı: Protokolü:

HİKAYE:

Alkol alışkanlığı: İlaç alışkanlığı: Meslek:

Obezite: Diabet: Aile anamnezi:

LABORATUAR:

Labaratuar:

SGOT(5 - 34): SGPT(0 - 55): ALKP(-):

GGT(9 - 64): TOTAL BİLURUBİN(0,2 - 1,0):

DİREKT BİLURUBİN(0 - 0,5): İNDİREKT BİLURUBİN(-):

PTT(-):

ANA: ASMA: LKM: SLA: AMA : pANCA:

Demir(-): Demir bağlama(-): Ferritin (-):

serum Bakır(-): idrarda Bakır(-): Seruloplazmin(-):

IgG(-): IgM(-):

Viral markerler:

HBSAg: antiHBC Igm: antiHBCIgG HBEAg: AntiHBE:

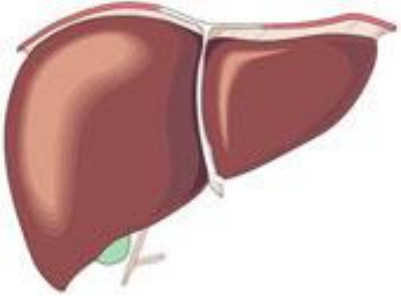
HBVDNA (10000): antiHCV: HCVRNA: HDVRNA:

Diğer: H63 D mutasyonu: C282 Y mutasyonu: ATP7B mutasyonu:

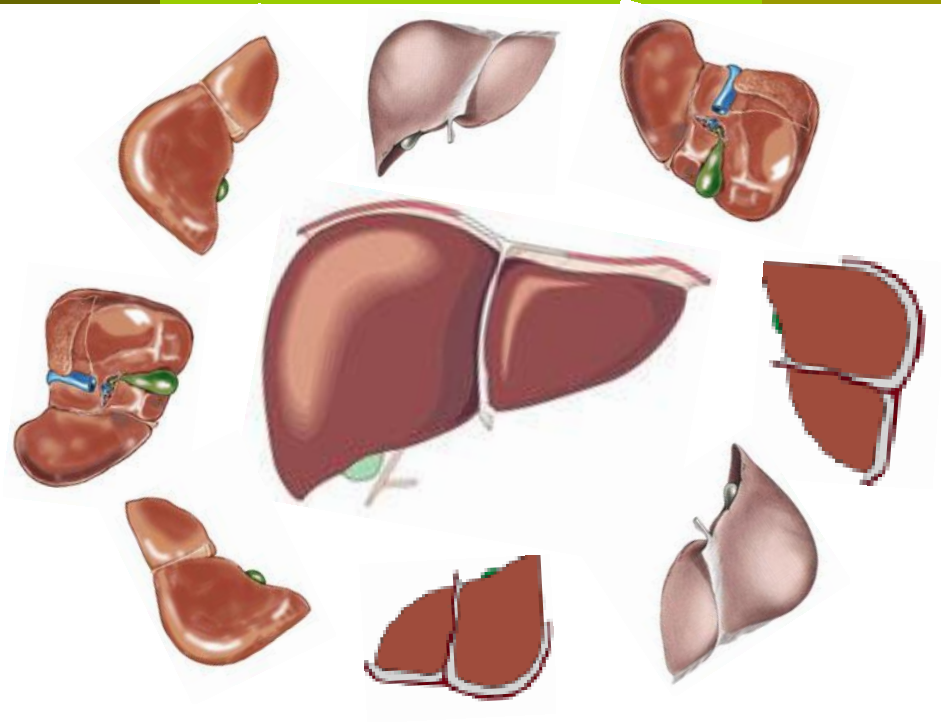
RADYOLOJİK BULGULAR:

USG :

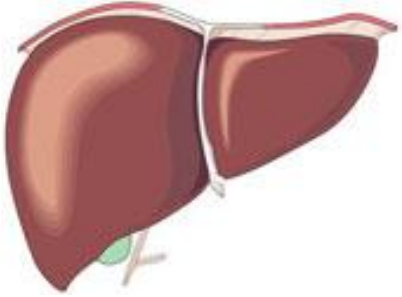
ERCP :



VİRAL HEPATİTLER

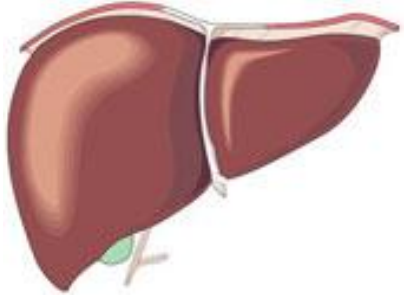


VİRAL HEPATİTLER

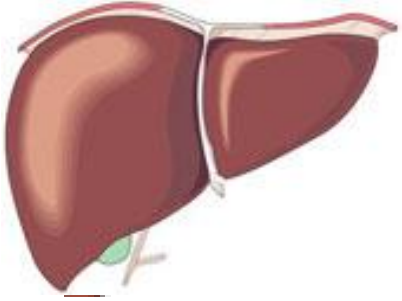


- Enfeksiyoz mononükleoz, sitomegalovirus, sarı humma, rubeola, adenovirus, gibi viral enfeksiyonlar sonucunda hepatit gelişebilir.
- Fakat viral hepatit tanımı karaciğere afinitesi olan bir grup viral ajan için kullanılır. Bunlar hepatit A,**B,C,D**,E,G viruslarıdır.

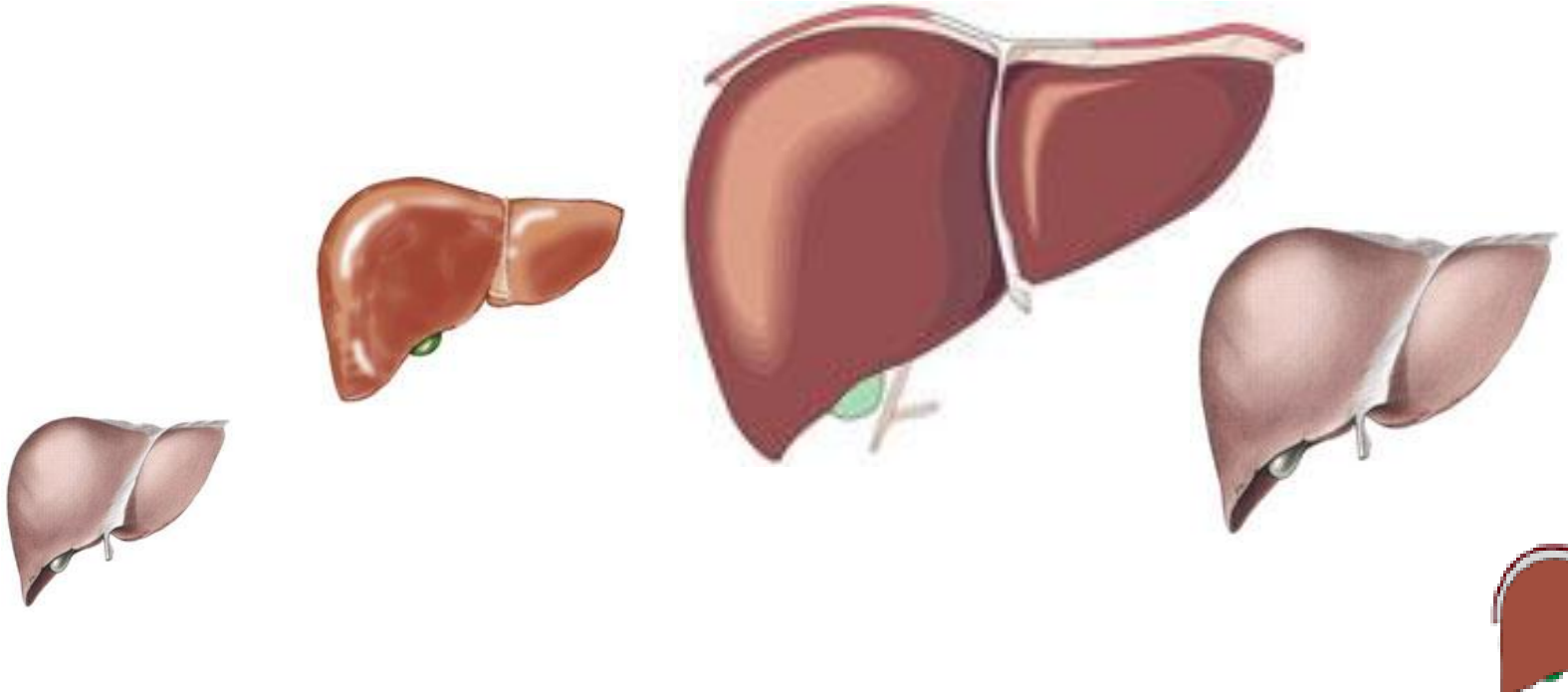
VİRAL HEPATİTLER I



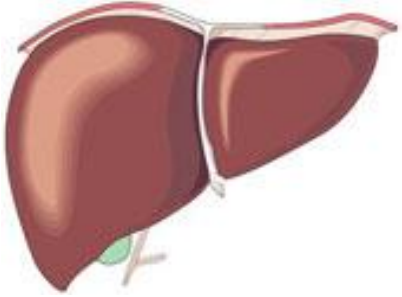
- Viral hepatitlerde klinik tablo asemptomatik geçebileceği gibi,
- fulminan seyredip karaciğer yetmezliğinede gidebilir,
- **TAŞIYICILIK YAPABİLİR,**
- **KRONİKLEŞEBİLİR,**
- **SİROZA** ve
- hepatosellüler karsinoma neden olabilir.



KRONİK HEPATİT SINIFLAMALARI

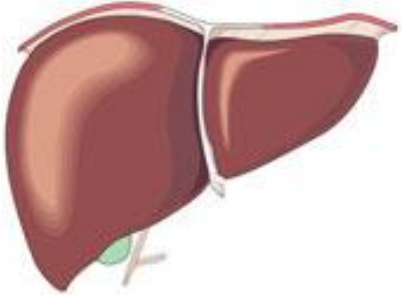


SINIFLAMA



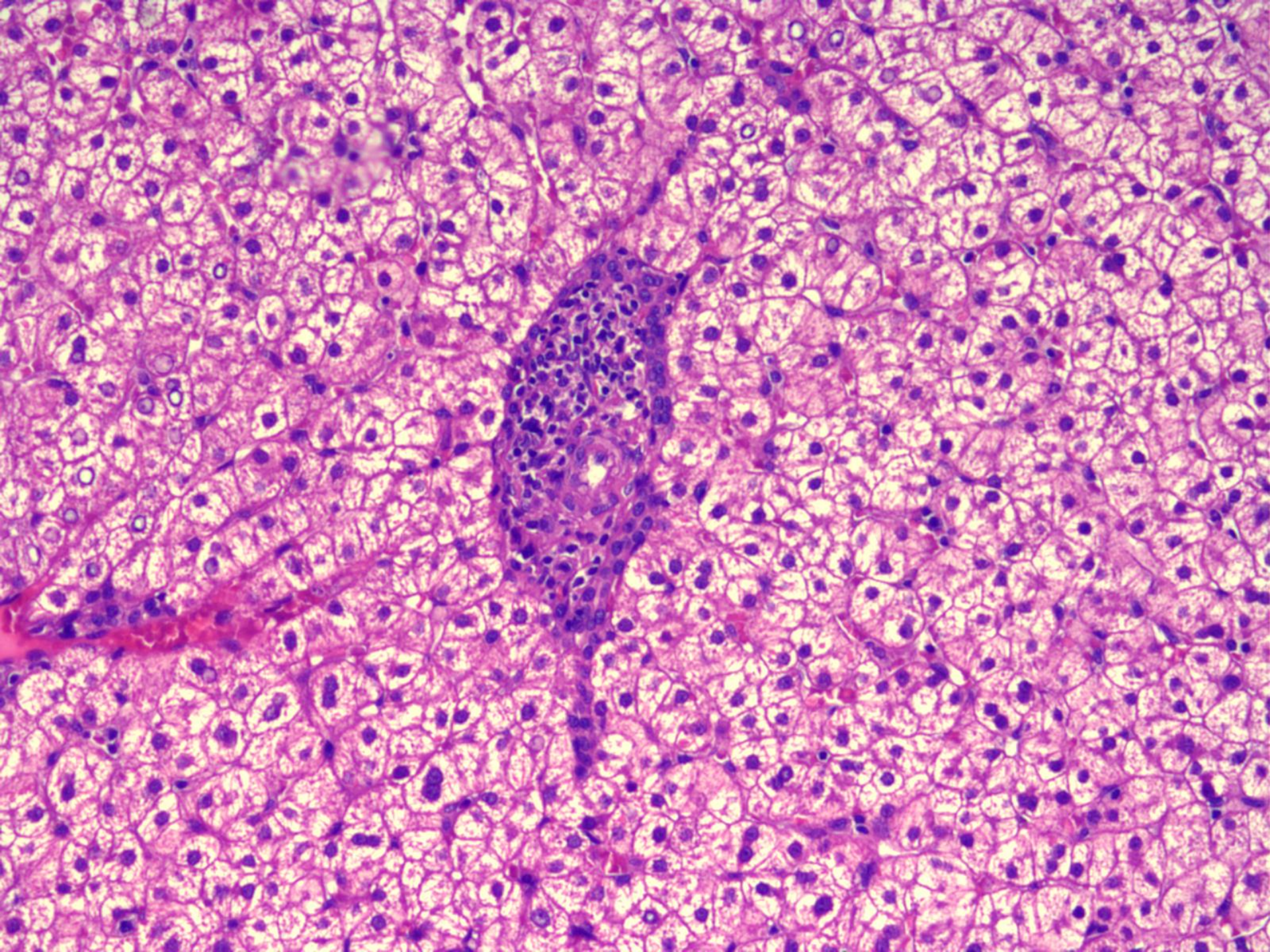
- Kronik hepatitler 1977'de yenilenen sınıflamaya göre persistan, aktif ve lobüler olarak adlandırılıyordu.
- 1994'de dünya gastroenteroloji kongresinde yeni bir sınıflama kabul edildi. Bu sınıflamaya göre hepatitin etiyolojisi, enflamasyonun yoğunluğu (grade), bağ dokusu gelişiminin yoğunluğu (stage) belirtilmektedir.
- Günümüzde kabul edilen sınıflama Knodell tarafından 1981de önerilen sınıflamanın 1995te Ishak tarafından modifiye edilmiş şeklidir.

ISHAK TARAFINDAN MODİFİYE EDİLEN KNODELL SKORLAMASI

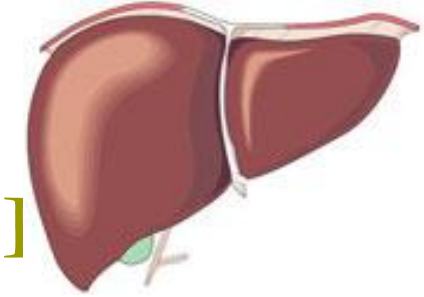


- GRADE
- Portal inflamasyon
- Noktasal nekroz, fokal enflamasyon
- Periportal periseptal interface hepatitis
- Konfluent nekroz

- STAGE
- Fibrozis

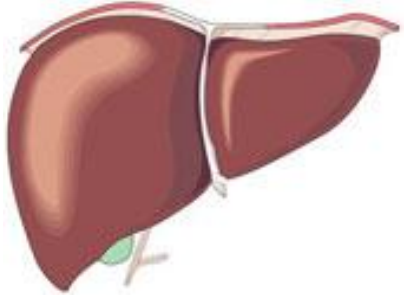


ISHAK TARAFINDAN MODİFİYE EDİLEN KNODELL SKORLAMASI

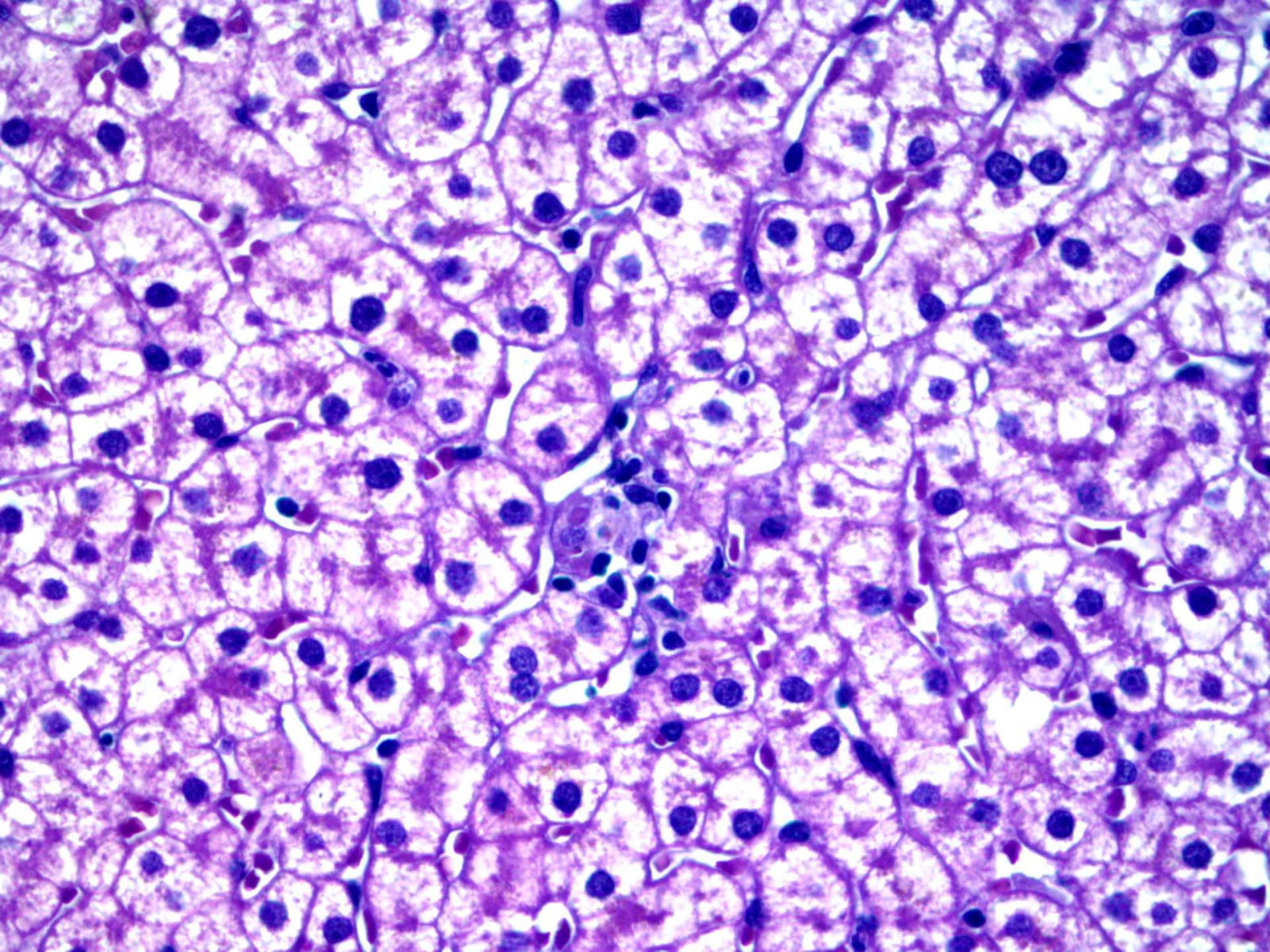


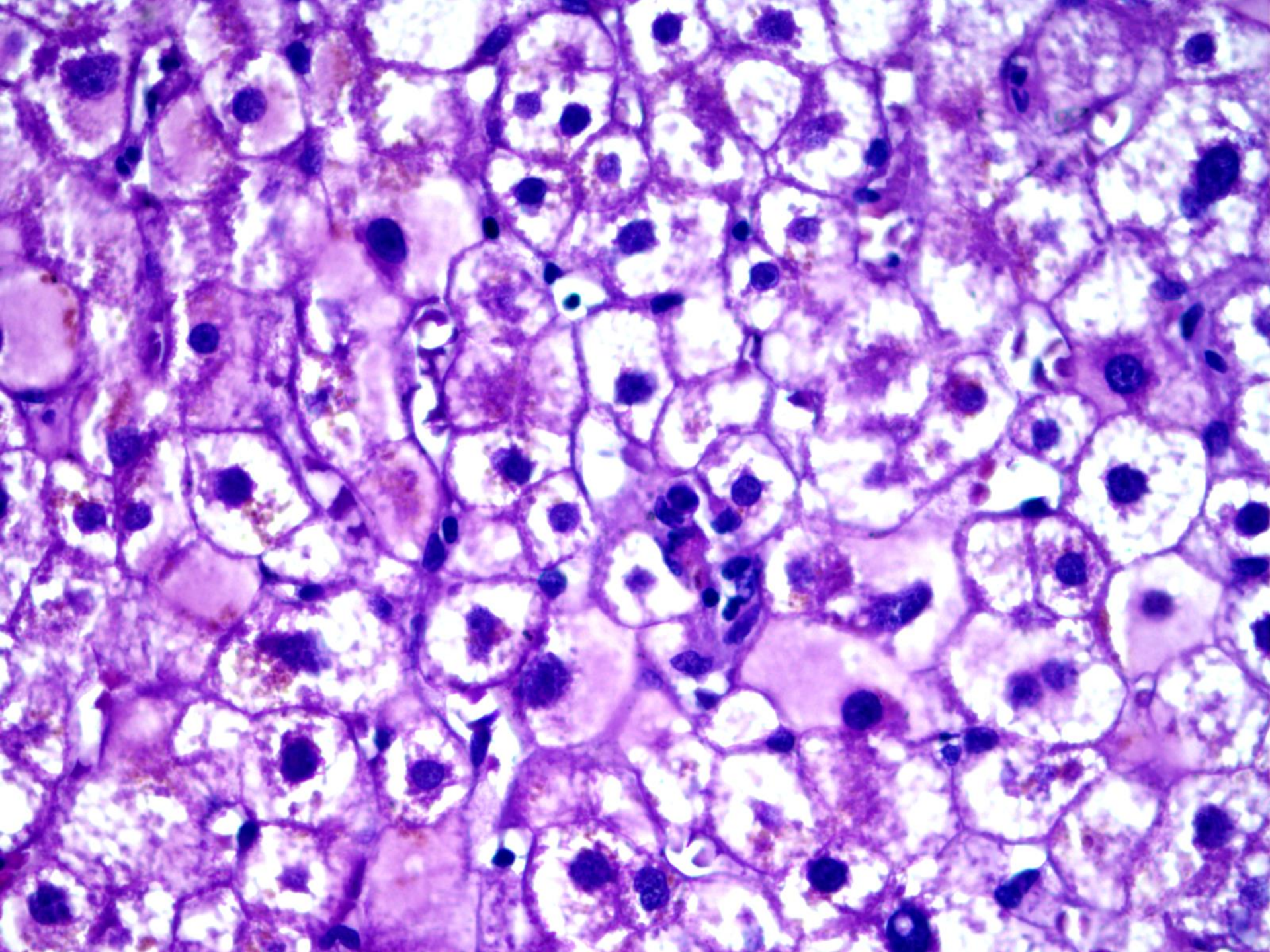
PORTAL YANGI	
Yok	0
Bazı yada tüm portal alanlarda hafif	1
Bazı yada tüm portal alanlarda orta	2
Tüm portal alanlarda orta/belirgin	3
Tüm portal alanlarda belirgin	4

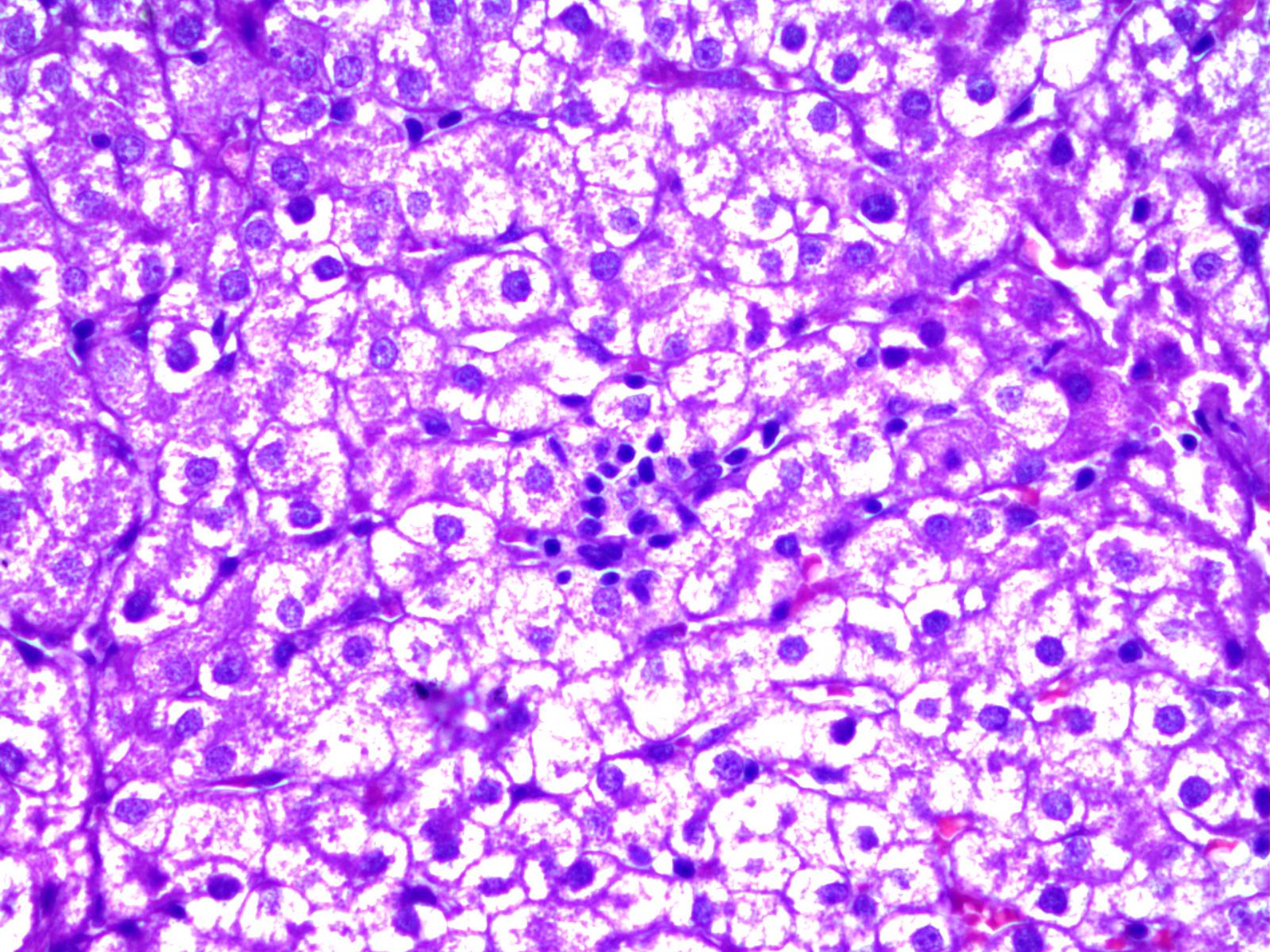
FOKAL NEKROZ

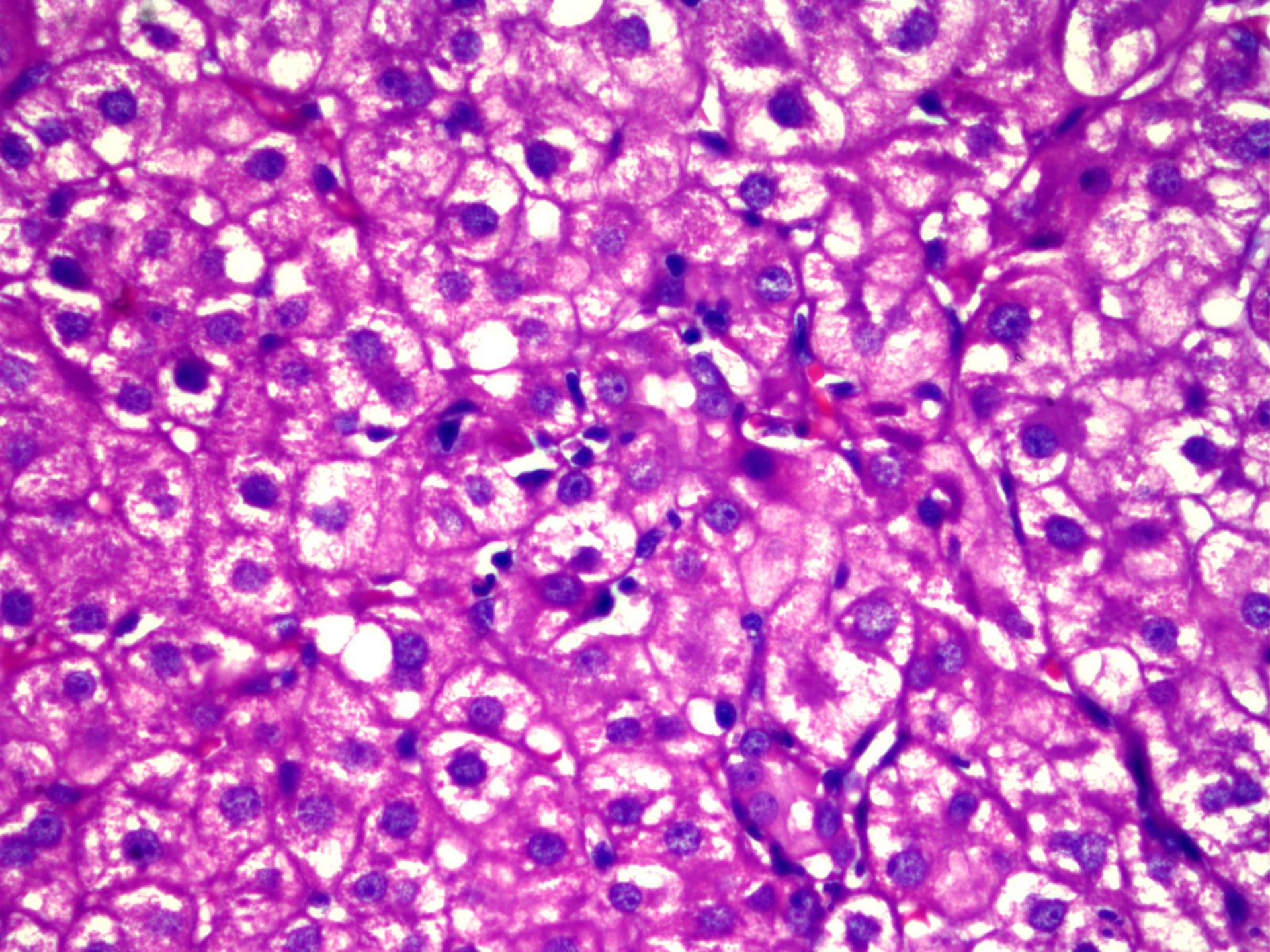


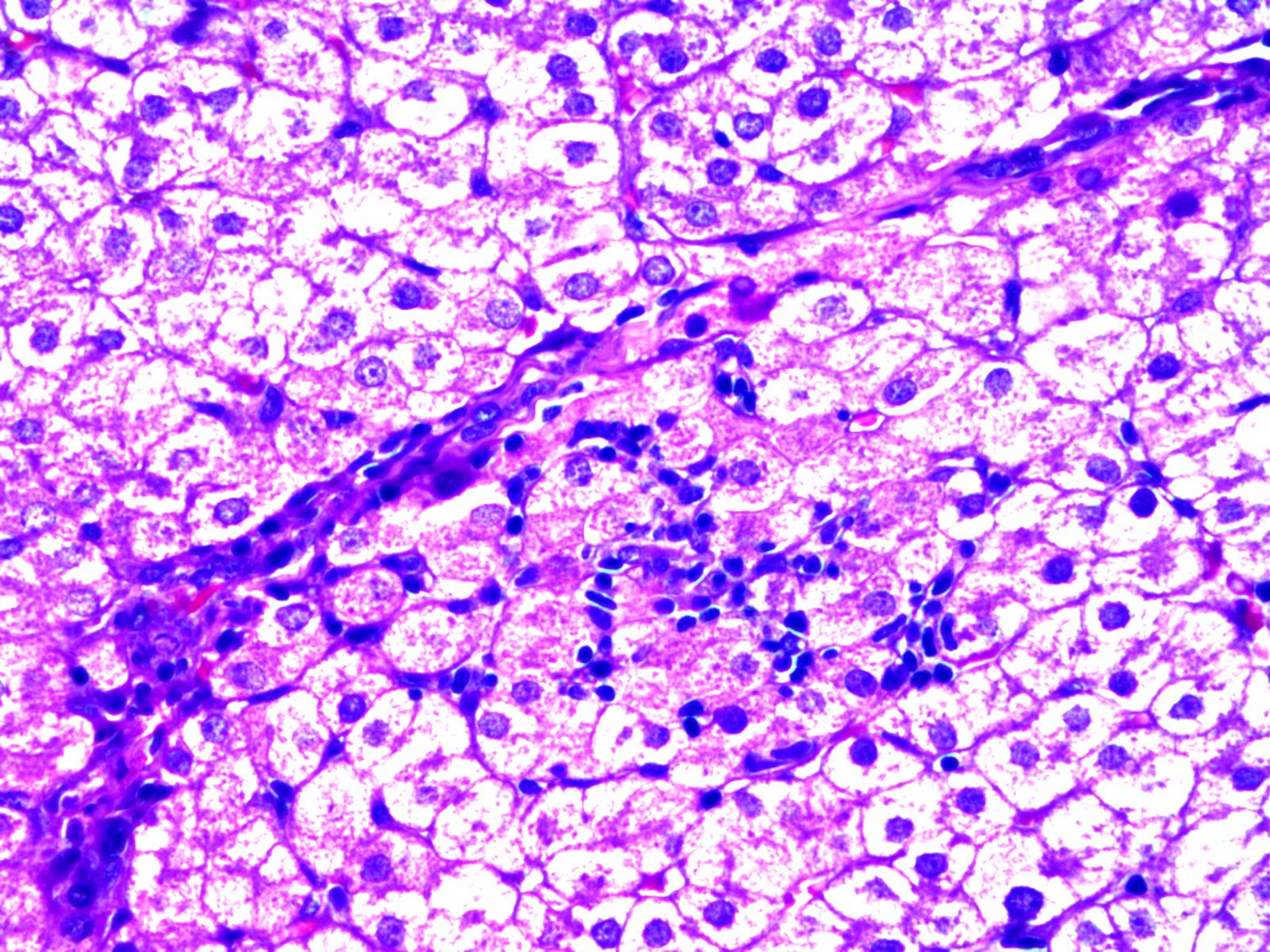
- Tek tük yada küçük gruplar halinde hücre ölümüne fokal nekroz denir. Değişik inflamatual hücreler yada makrofaj birikimi ile birlikte olabilir.
- Fokal nekroz primer karaciğer hastalığı olduğu anlamına gelmez, reaktif olaylardada izlenir.

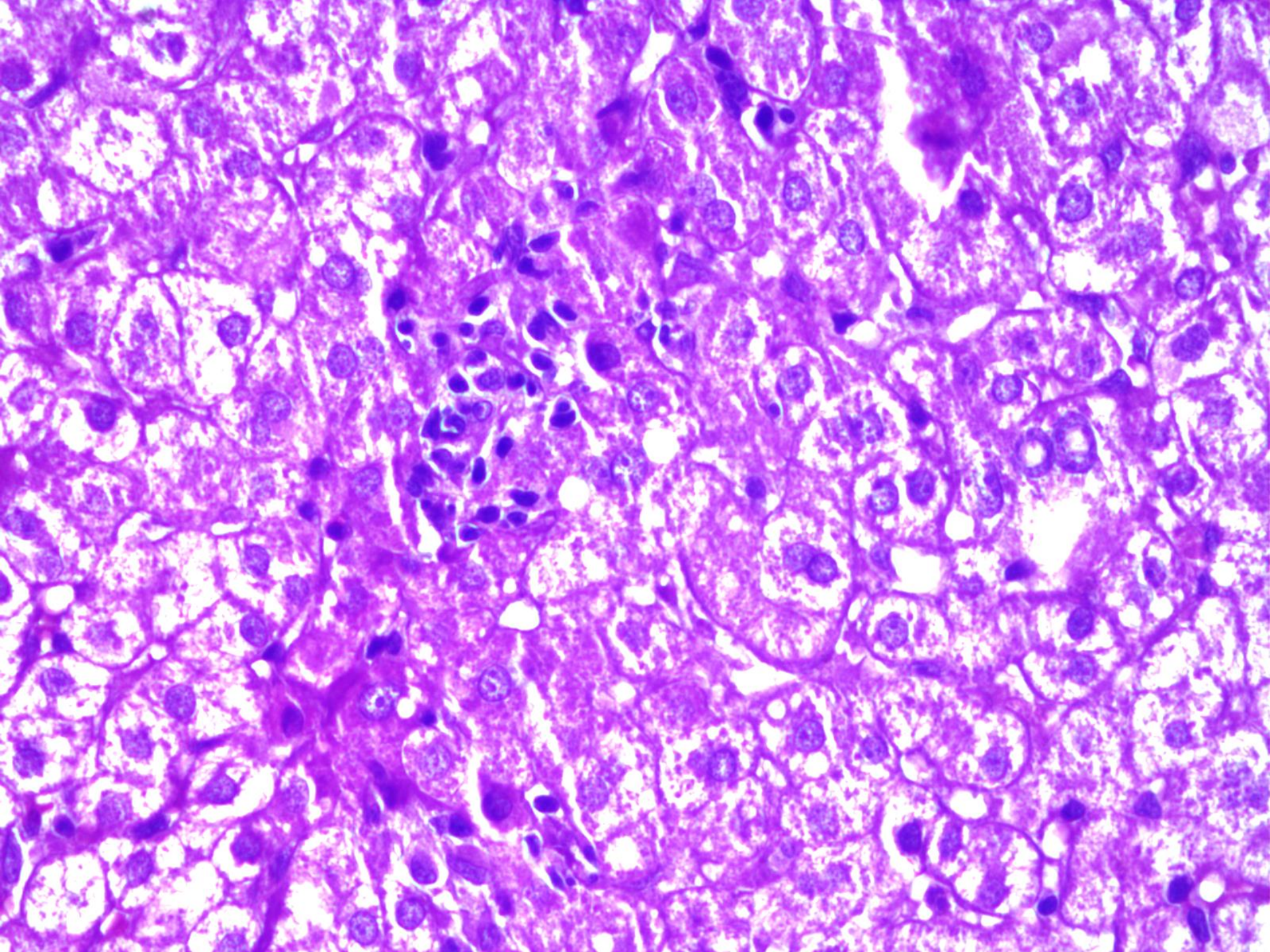




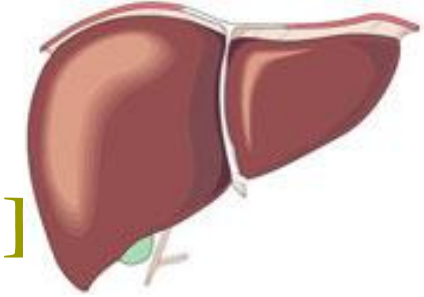






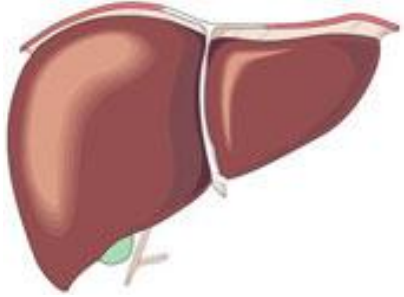


ISHAK TARAFINDAN MODİFİYE EDİLEN KNODELL SKORLAMASI

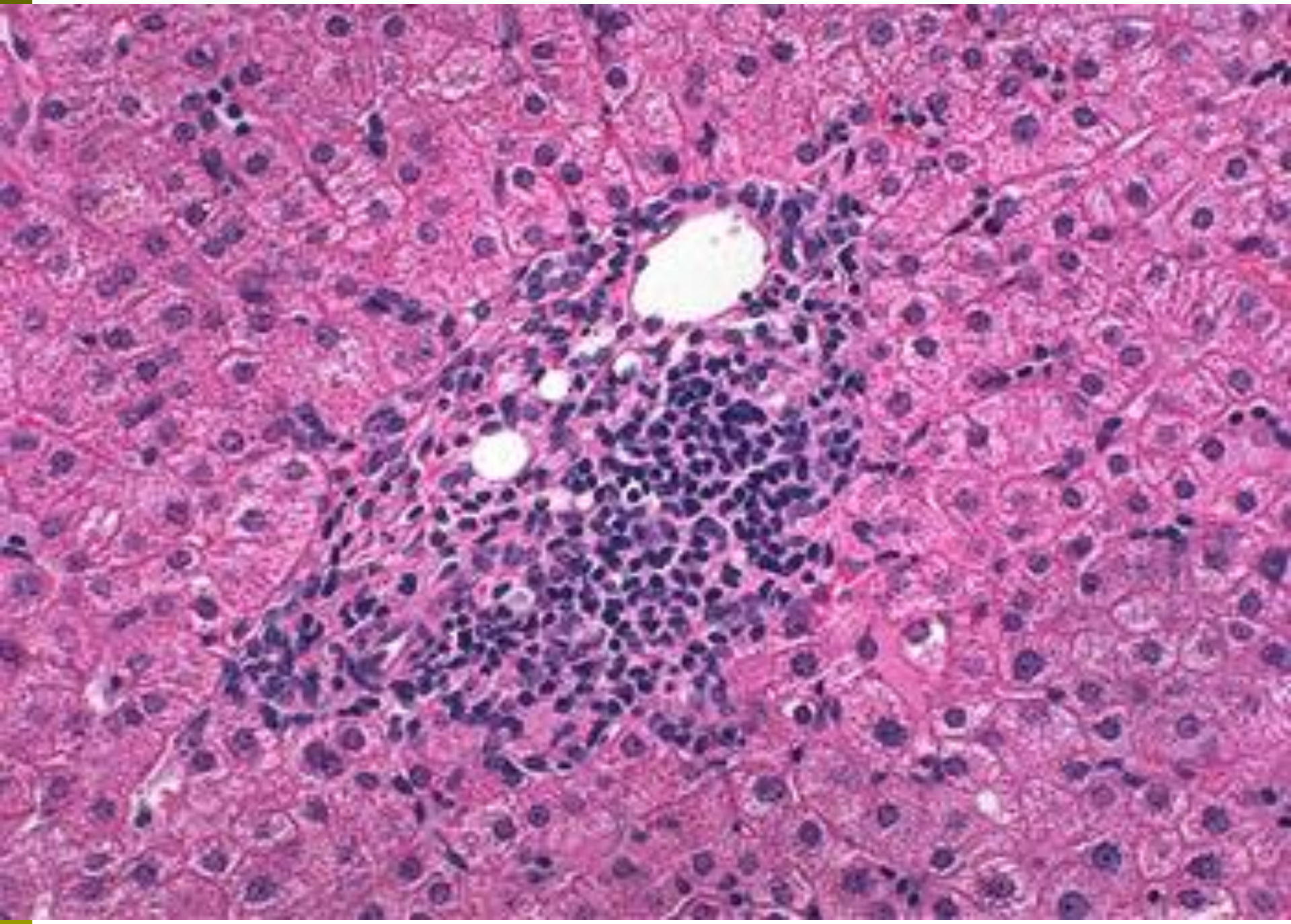


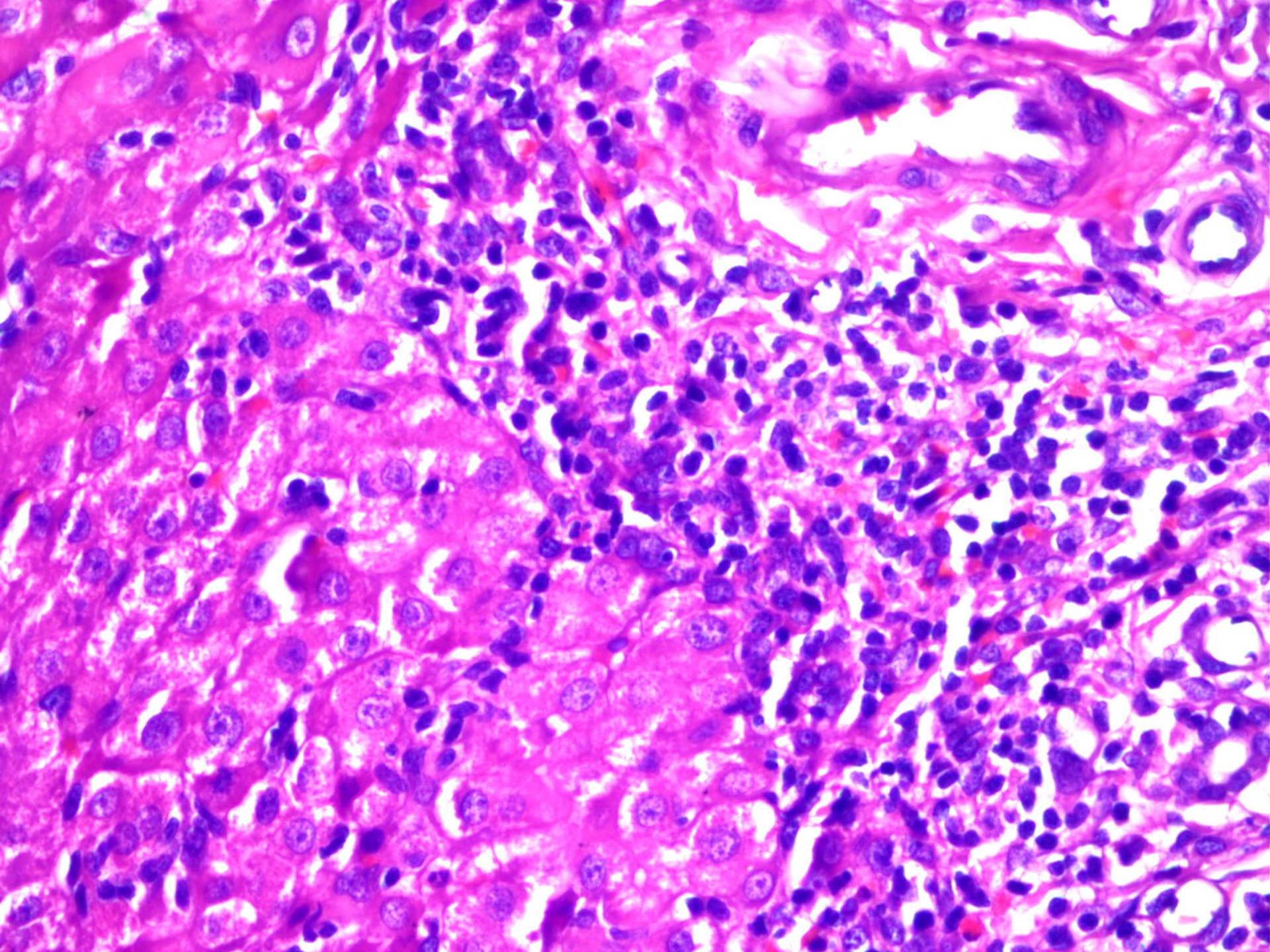
NOKTASAL LİTİK NEKROZ, APOPTOZ FOKAL İNFLAMASYON	
Yok	0
10'luk büyütmede <2	1
10'luk büyütmede 2-4	2
10'luk büyütmede 5-10	3
10'luk büyütmede >10	4

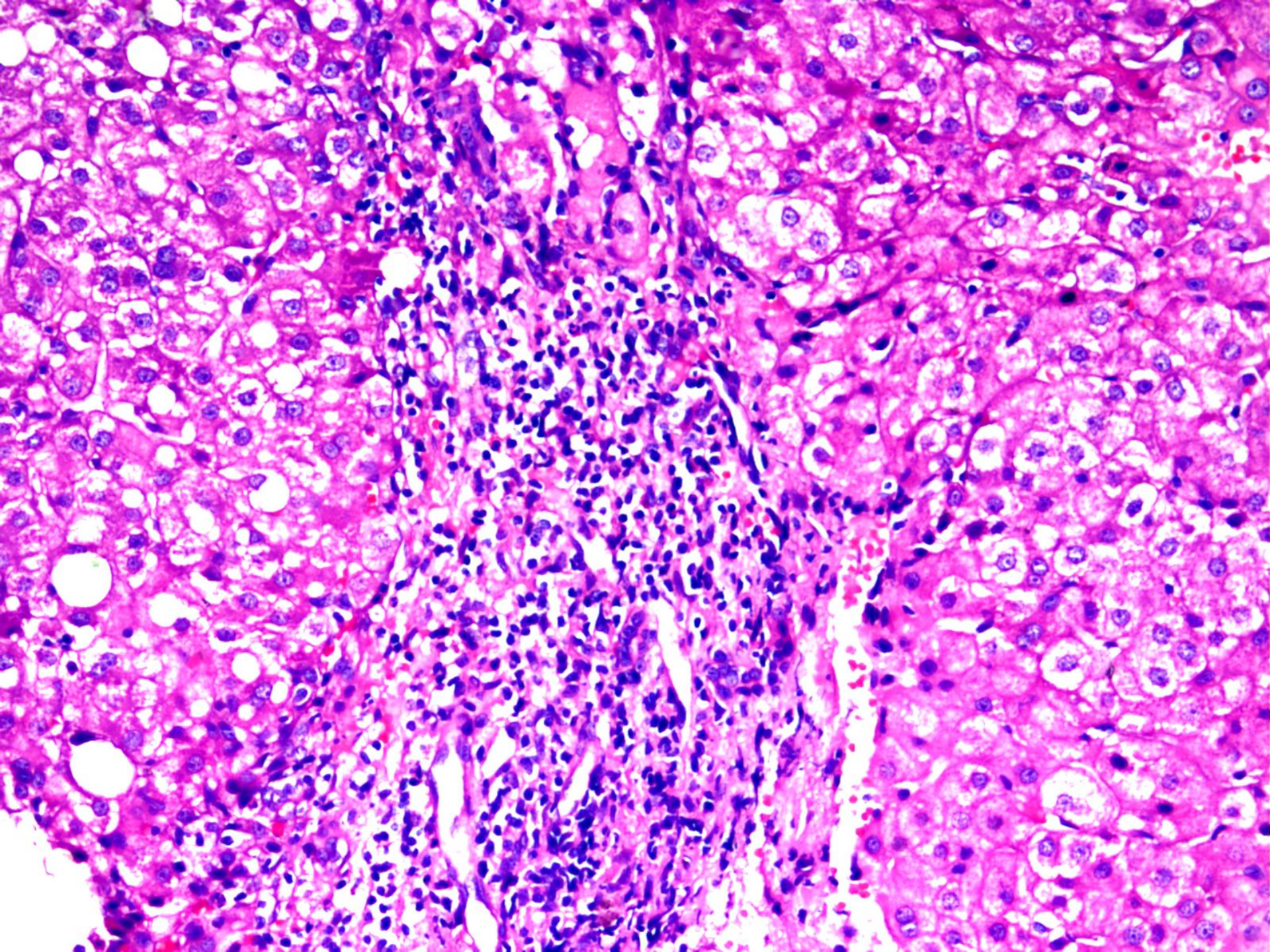
İNTERFACE HEPATİTİS GÜVE YENİĞİ NEKROZU

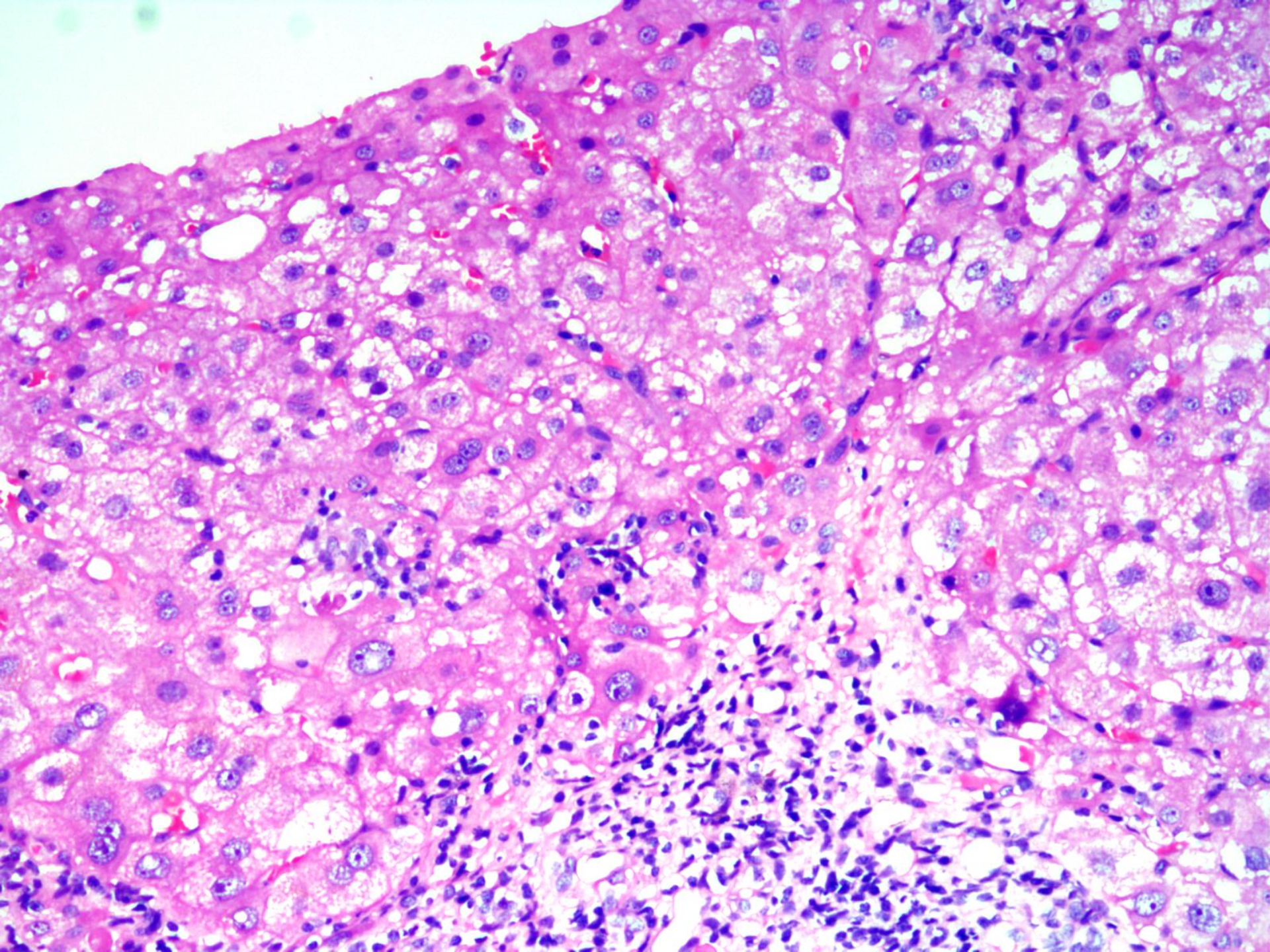


- Portal trakt yada fibröz septayla komşu olan karaciğer parankiminin enflamasyon ve erezyonudur,
- Hepatositlerde apoptoz ve nekroz olur,
- Lenfosit ağırlıklı bir yangısal ifiltrasyon izlenir,
- Daha sonra bu bölgede fibrozis gelişir

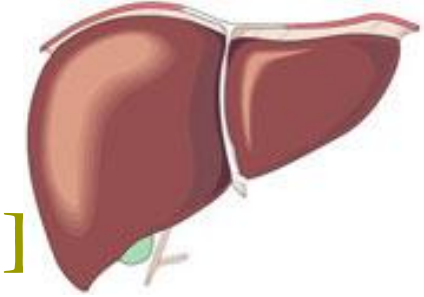






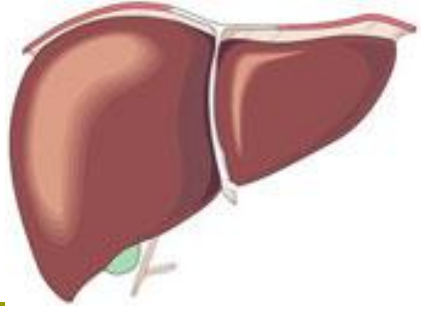


ISHAK TARAFINDAN MODİFİYE EDİLEN KNODELL SKORLAMASI

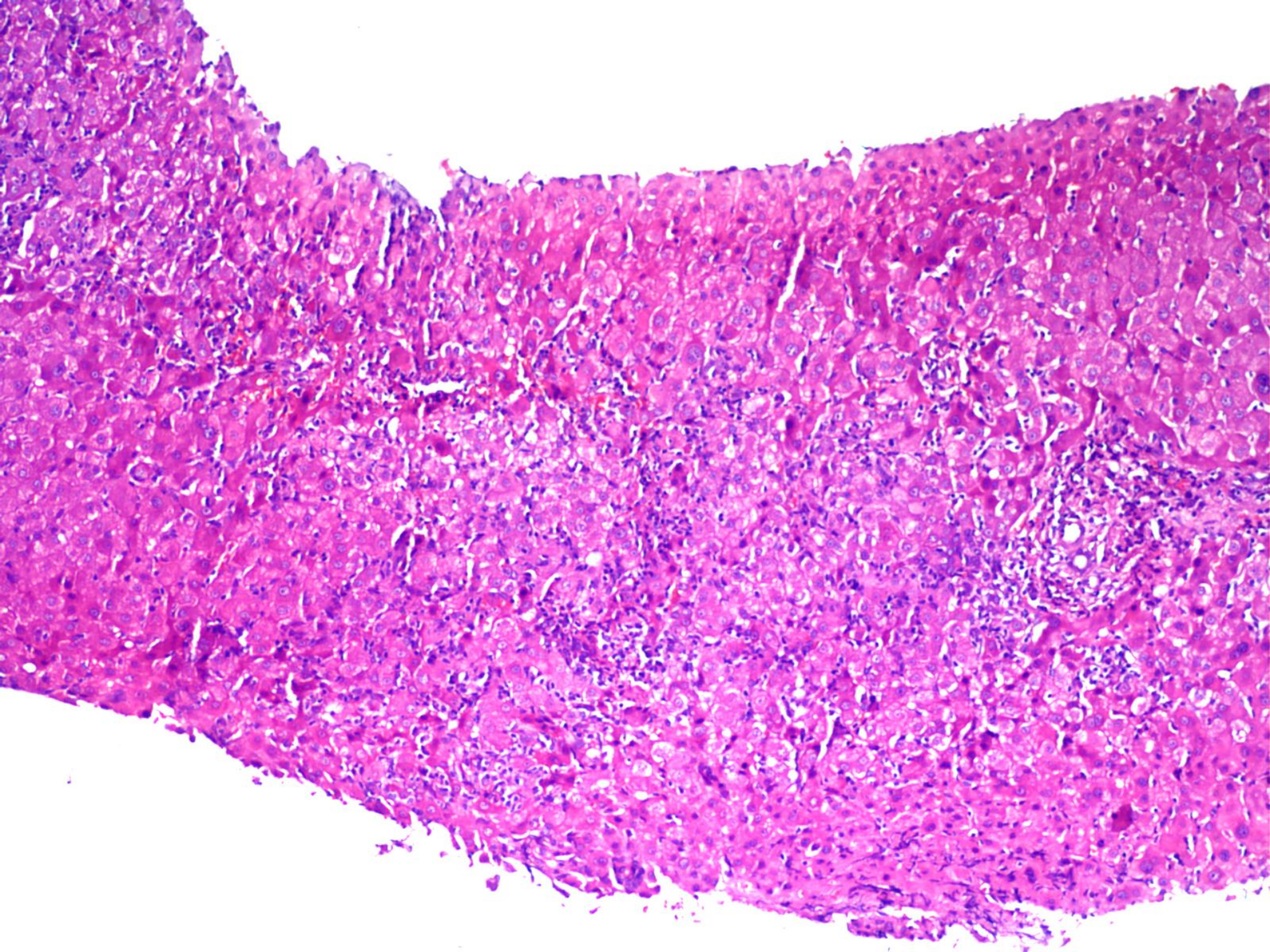


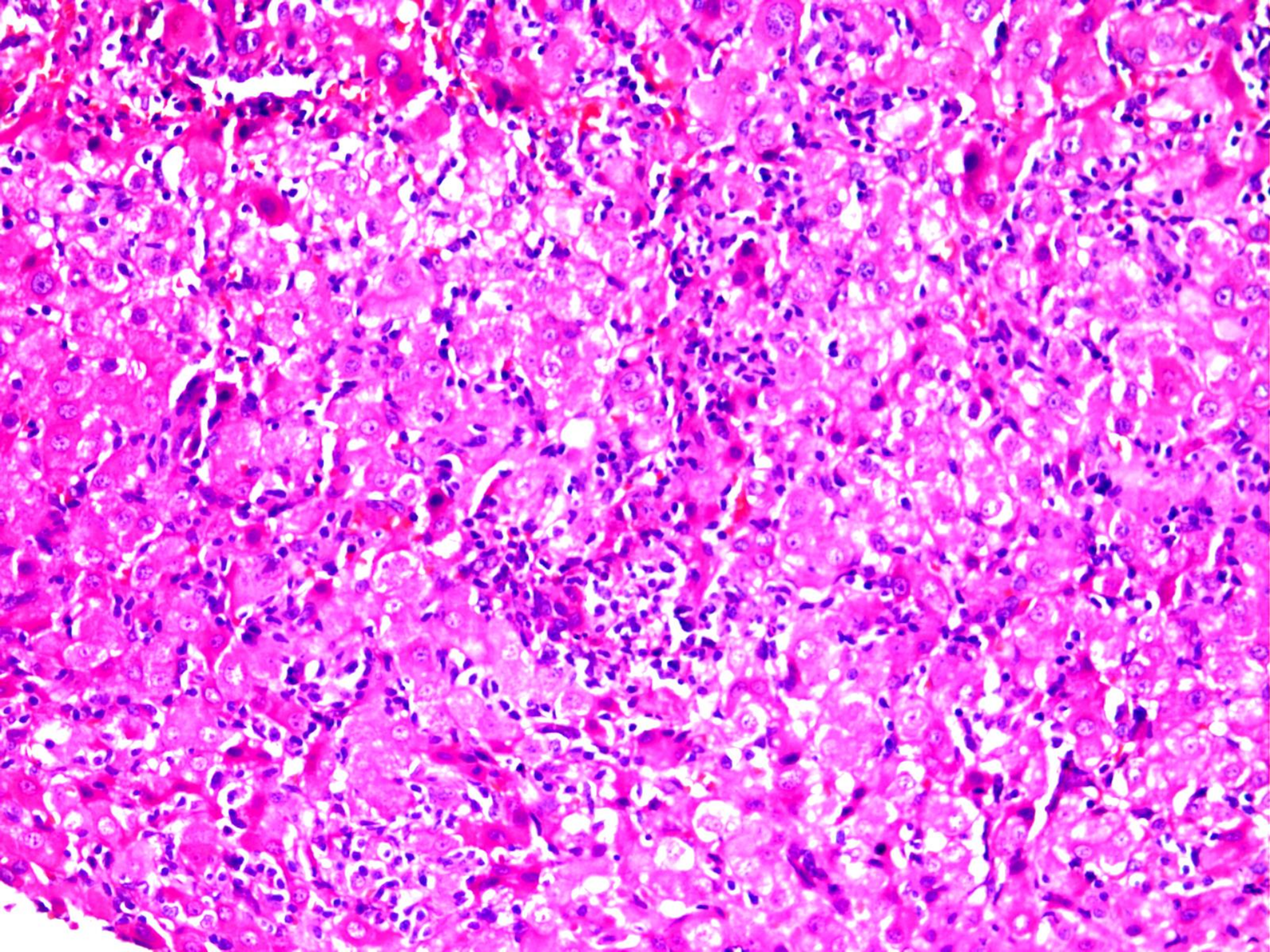
PERİPORTAL PERİSEPTAL İNTERFACE HEPATİTİS	
Yok	0
Hafif (fokal birkaç portal alanda)	1
Hafif orta (portal alanların çoğunda)	2
Orta (çevrede devamlı <%50 portal alan yada septada)	3
Ağır (çevrede devamlı >%50 portal alan yada septada)	4

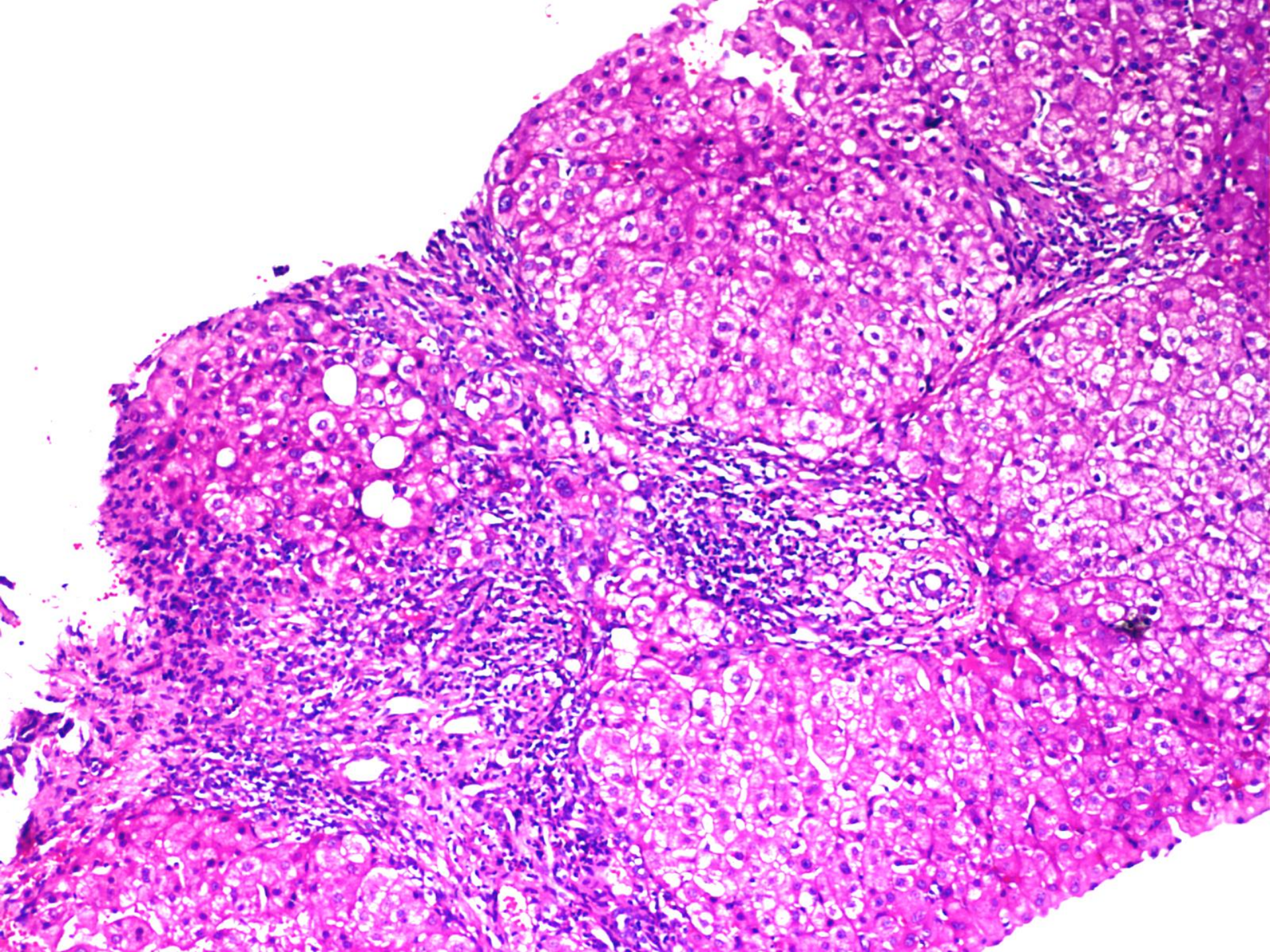
KONFLUENT NEKROZ

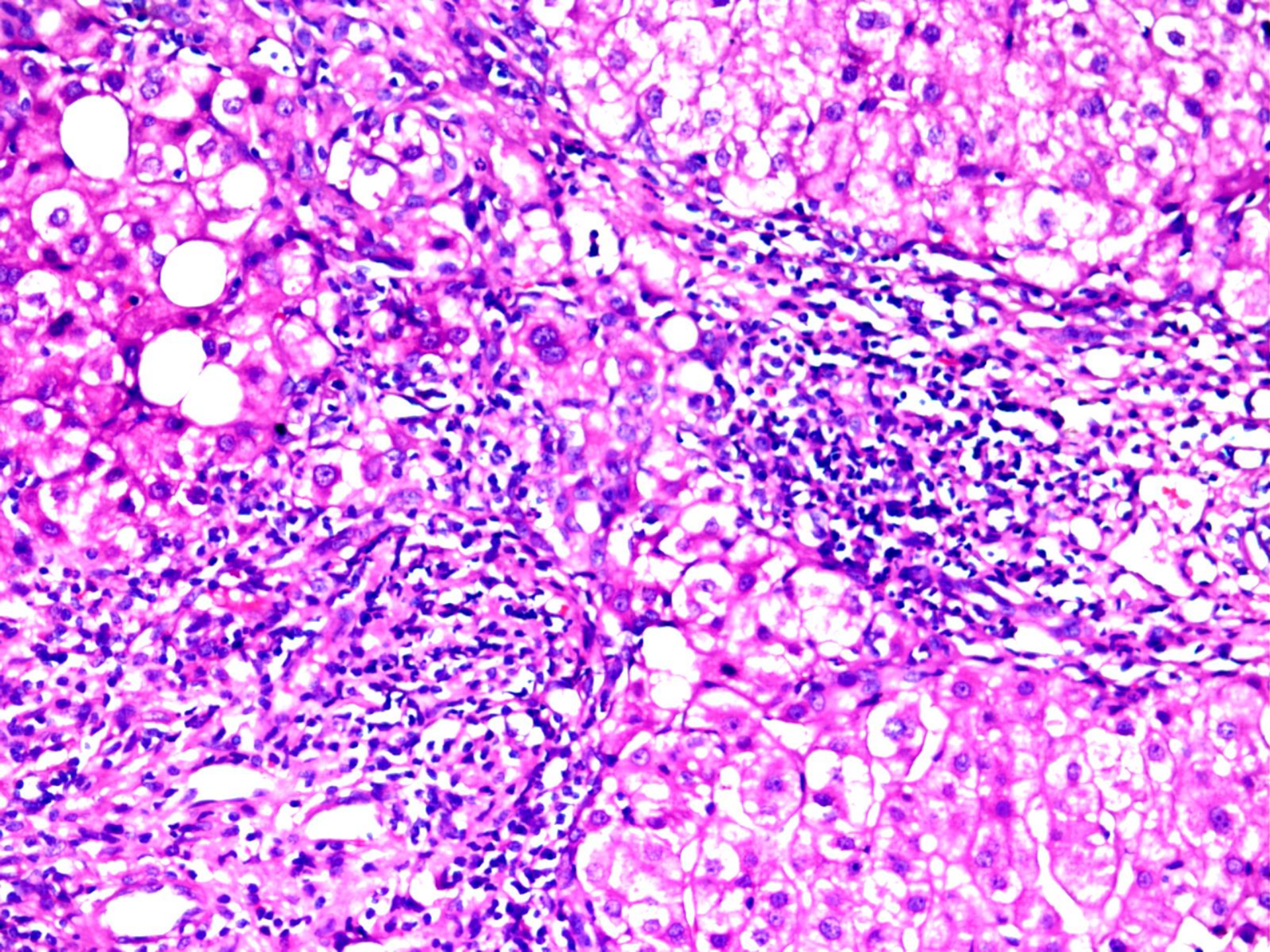


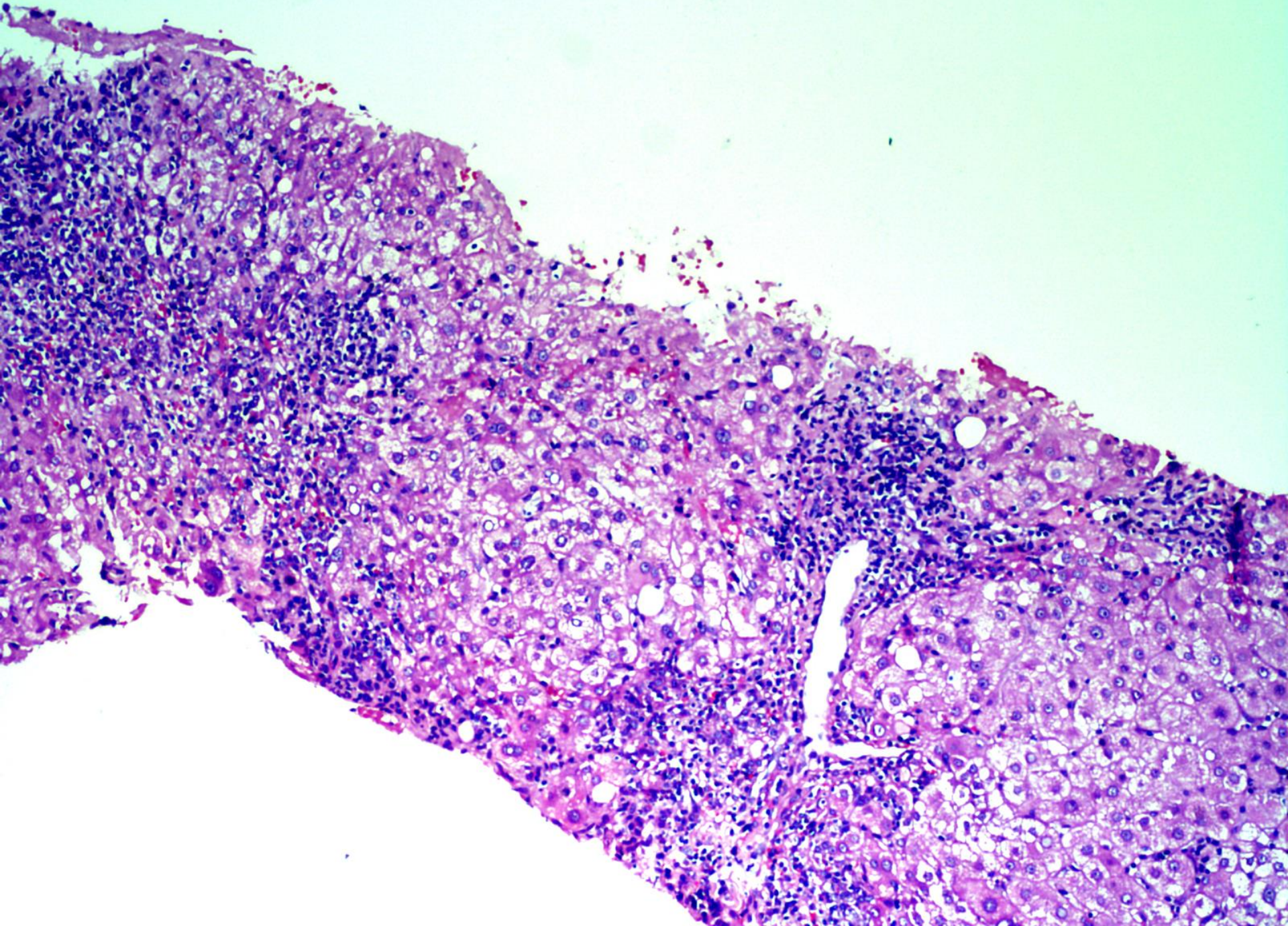
- Hücre hasarı olan belirgin bir alanı ifade eder

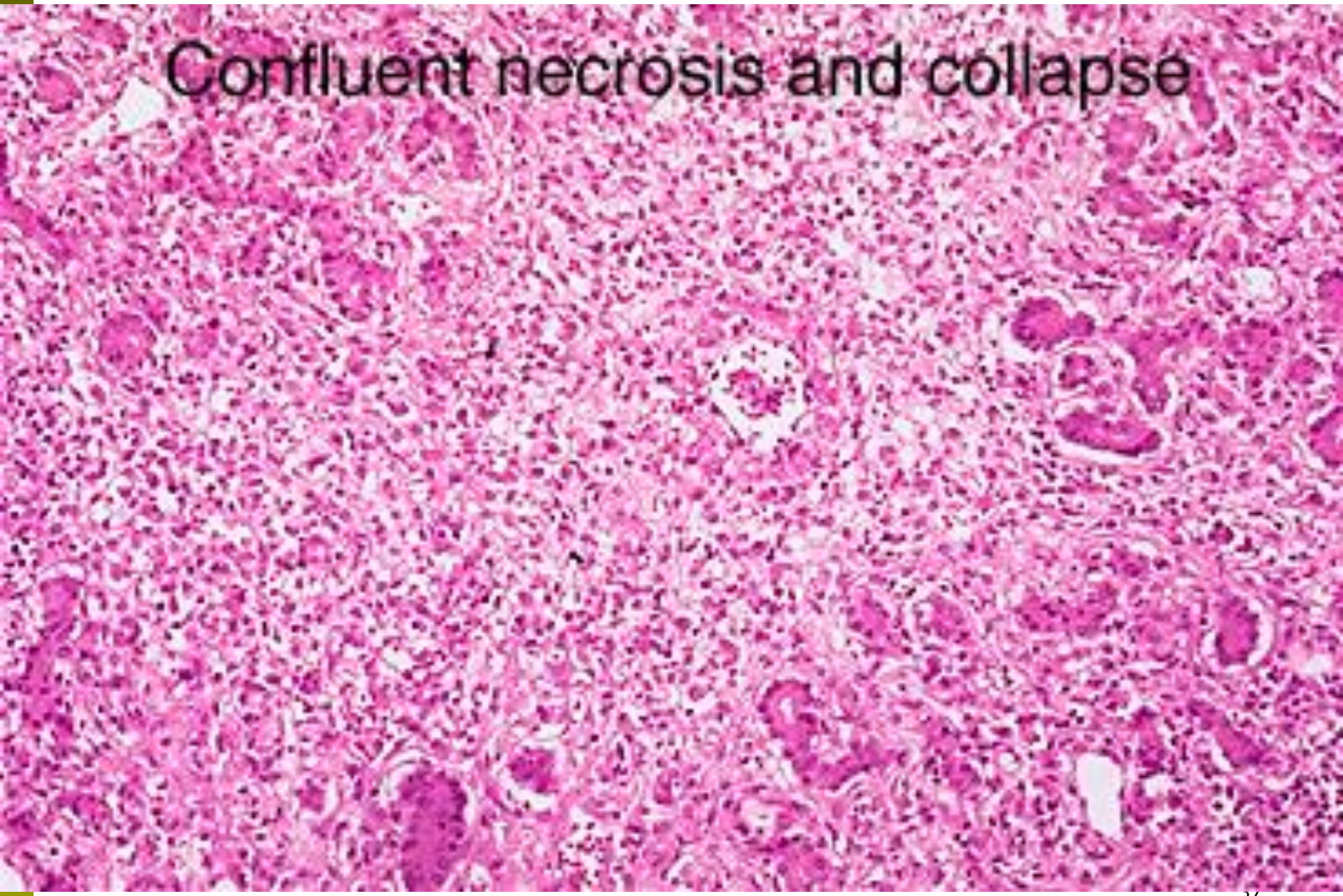




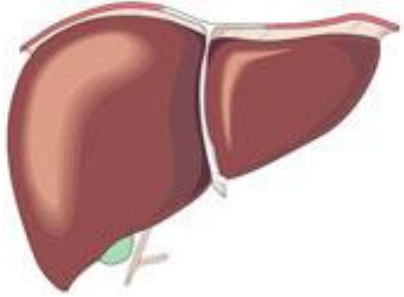






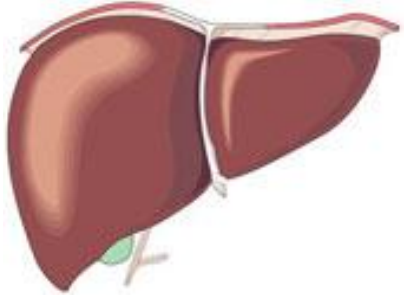

Confluent necrosis and collapse

ISHAK TARAFINDAN MODİFİYE EDİLEN KNODELL SKORLAMASI



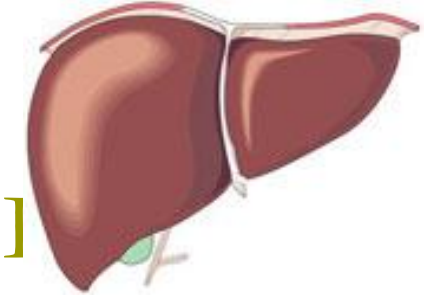
KONFLUENT NEKROZ	
Yok	0
Fokal	1
Bazı alanlarda zon 3 nekrozu	2
Çoğu alanda zon 3 nekrozu	3
Zon 3 nekrozu + seyrek portoportal portosentral köprüler	4
Zon 3 nekrozu + çok sayıda portoportal portosentral köprüler	5
Panasiner multiasiner nekroz	6

YAPI DEĞİŞİKLİĞİ, KOLLAPS, FİBROZİS

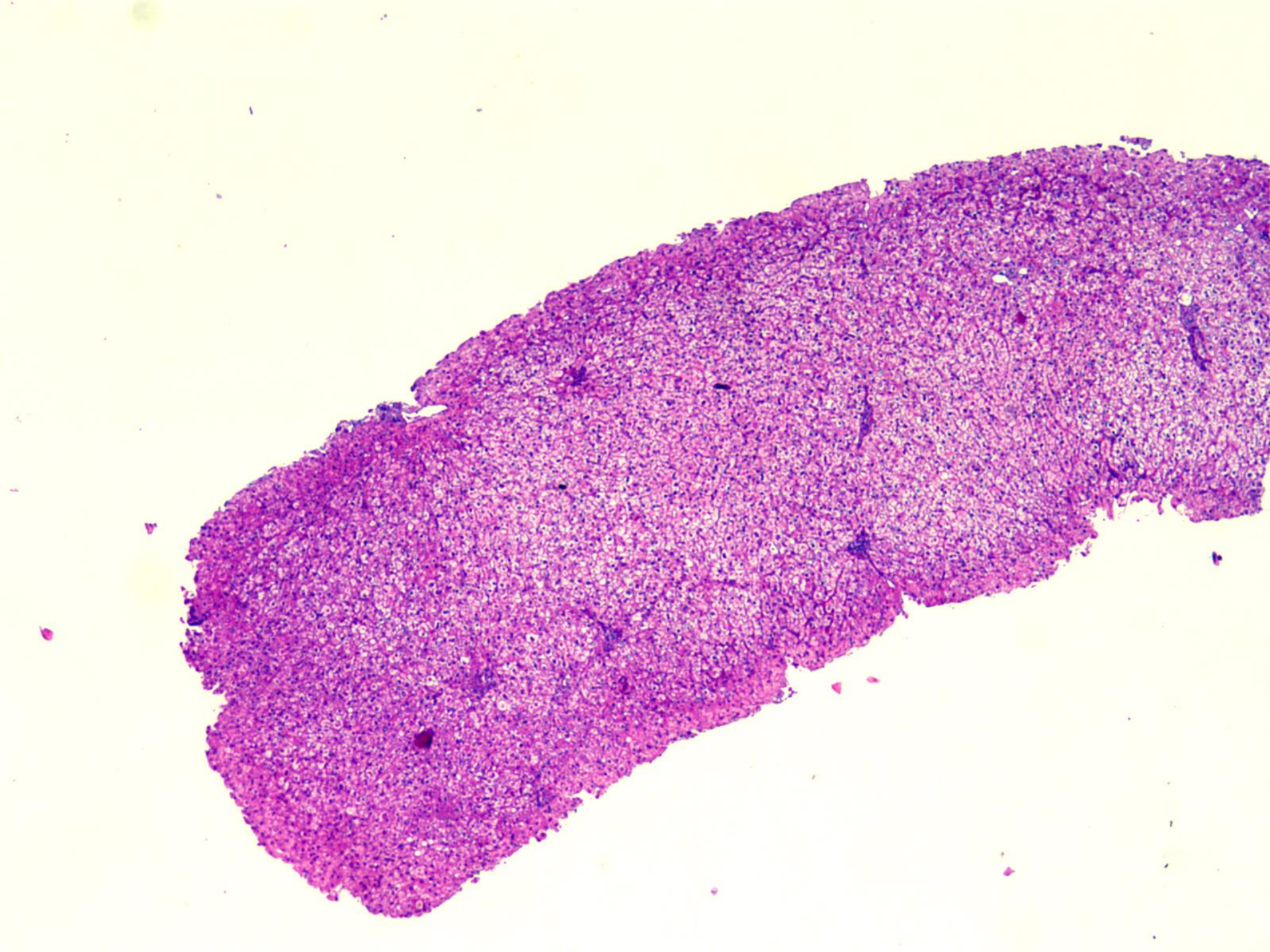


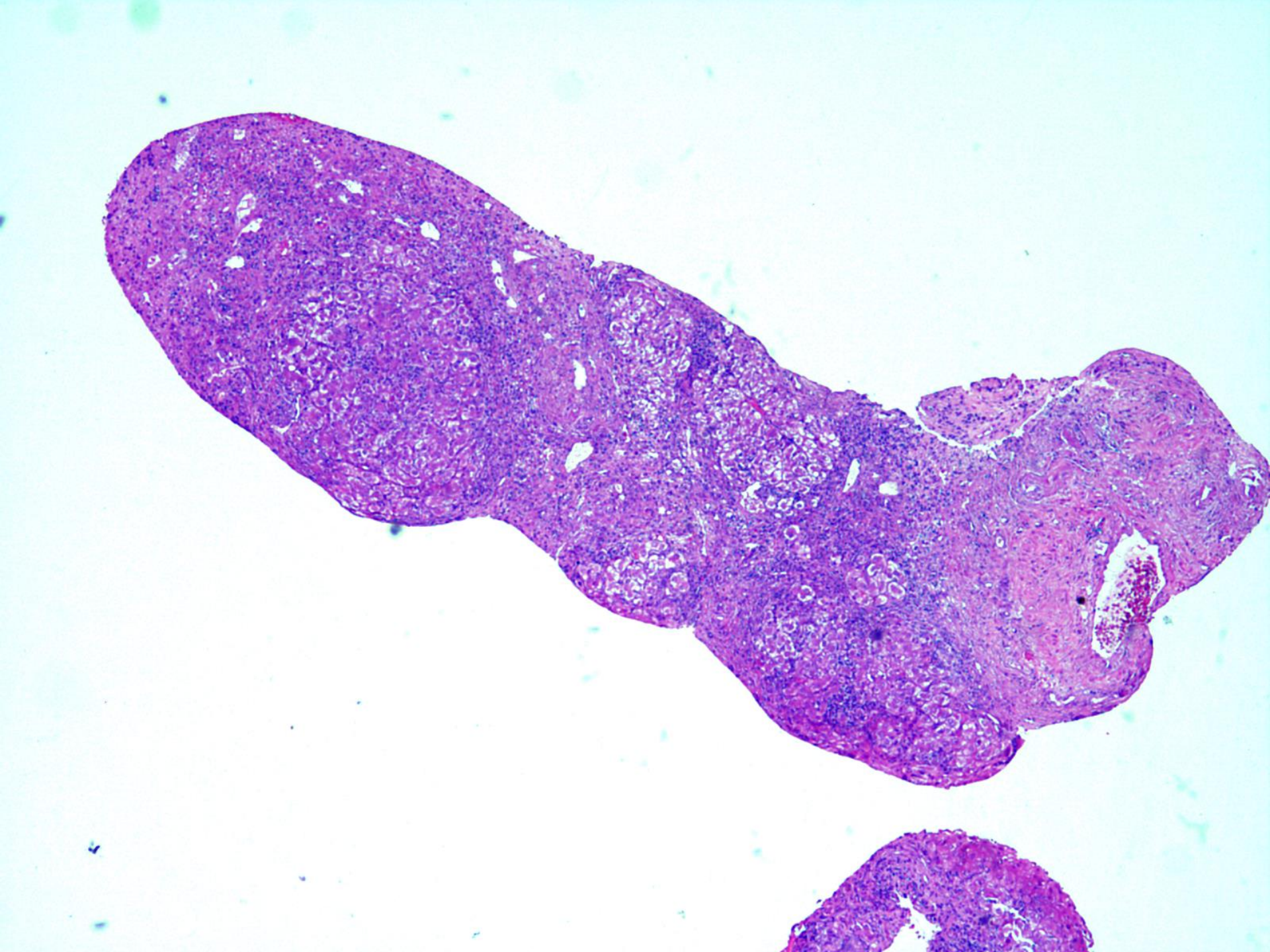
- Yapı değişikliklerini değerlendirmede retikülin ve kollajen boyaları yararlıdır
- Portal traktların genişlemesi, hatta fibröz septalarla birleşmesi görülebilir
- Kollaps ile fibrozisi ayırmak kollajen boyaları ile güç olabilir. Elastik boyalar bu konuda yardımcı olabilir, portal trakt dışında elastik boya izlenmesi kronik hastalığı düşündürür.

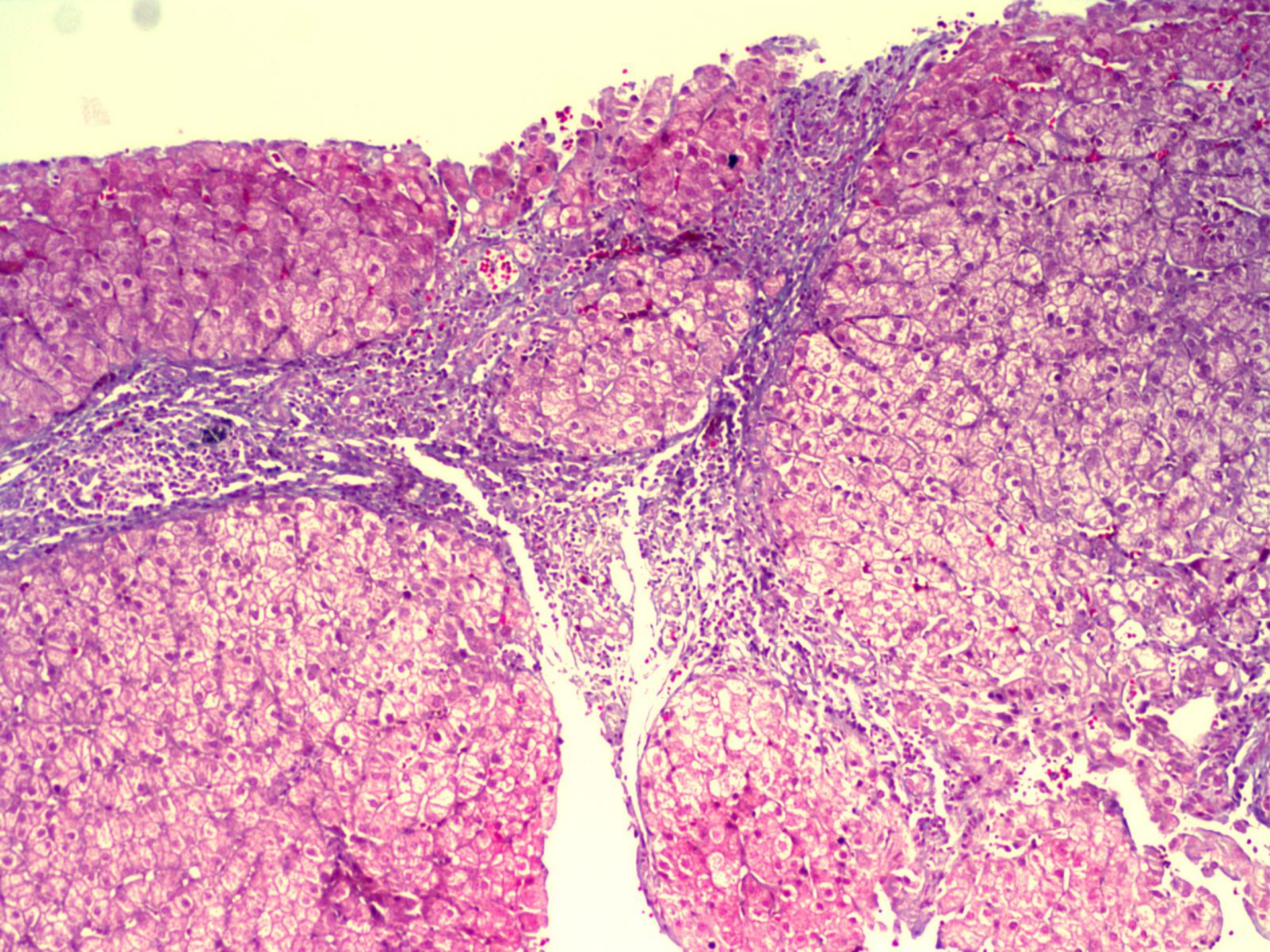
ISHAK TARAFINDAN MODİFİYE EDİLEN KNODELL SKORLAMASI

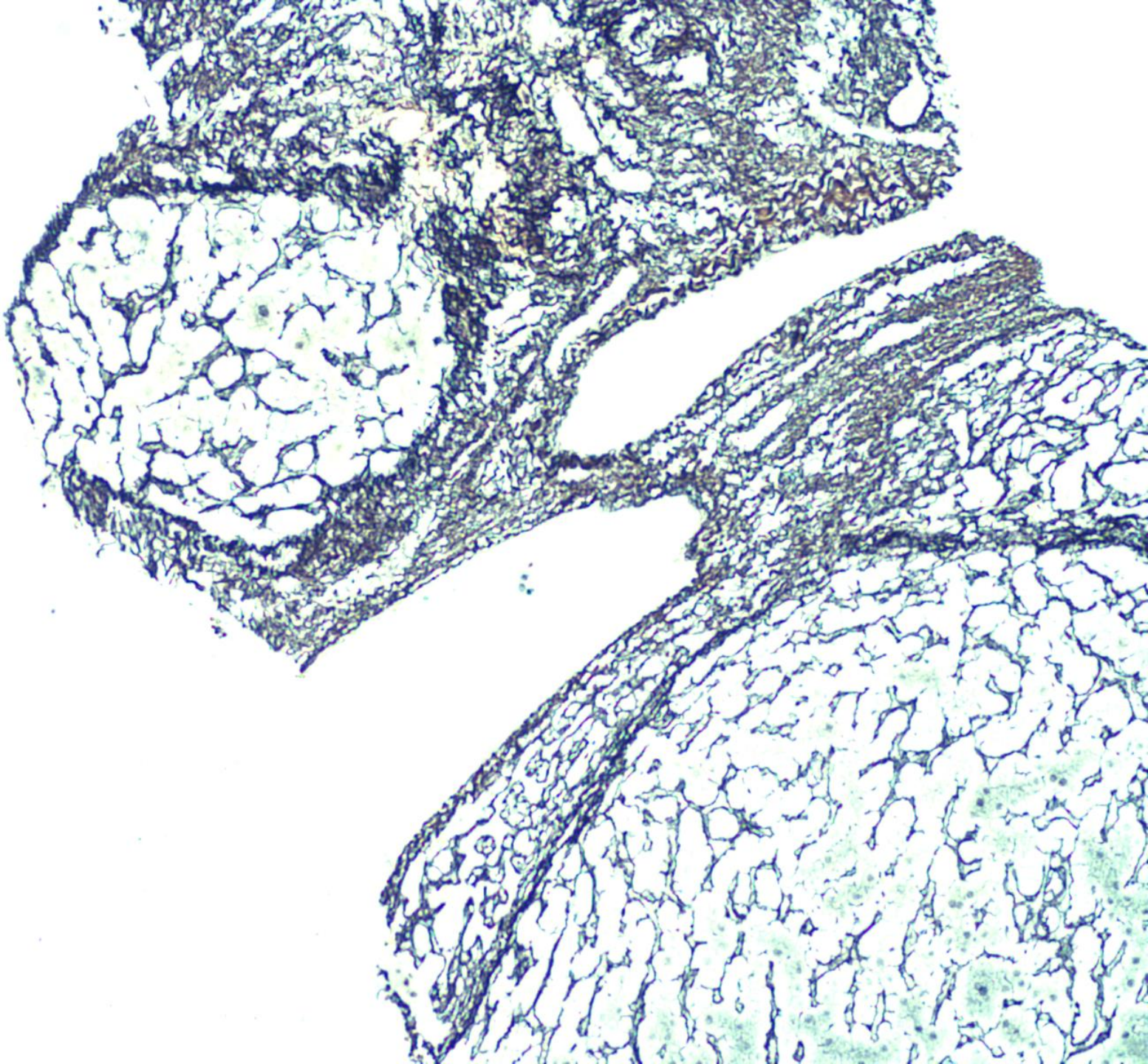


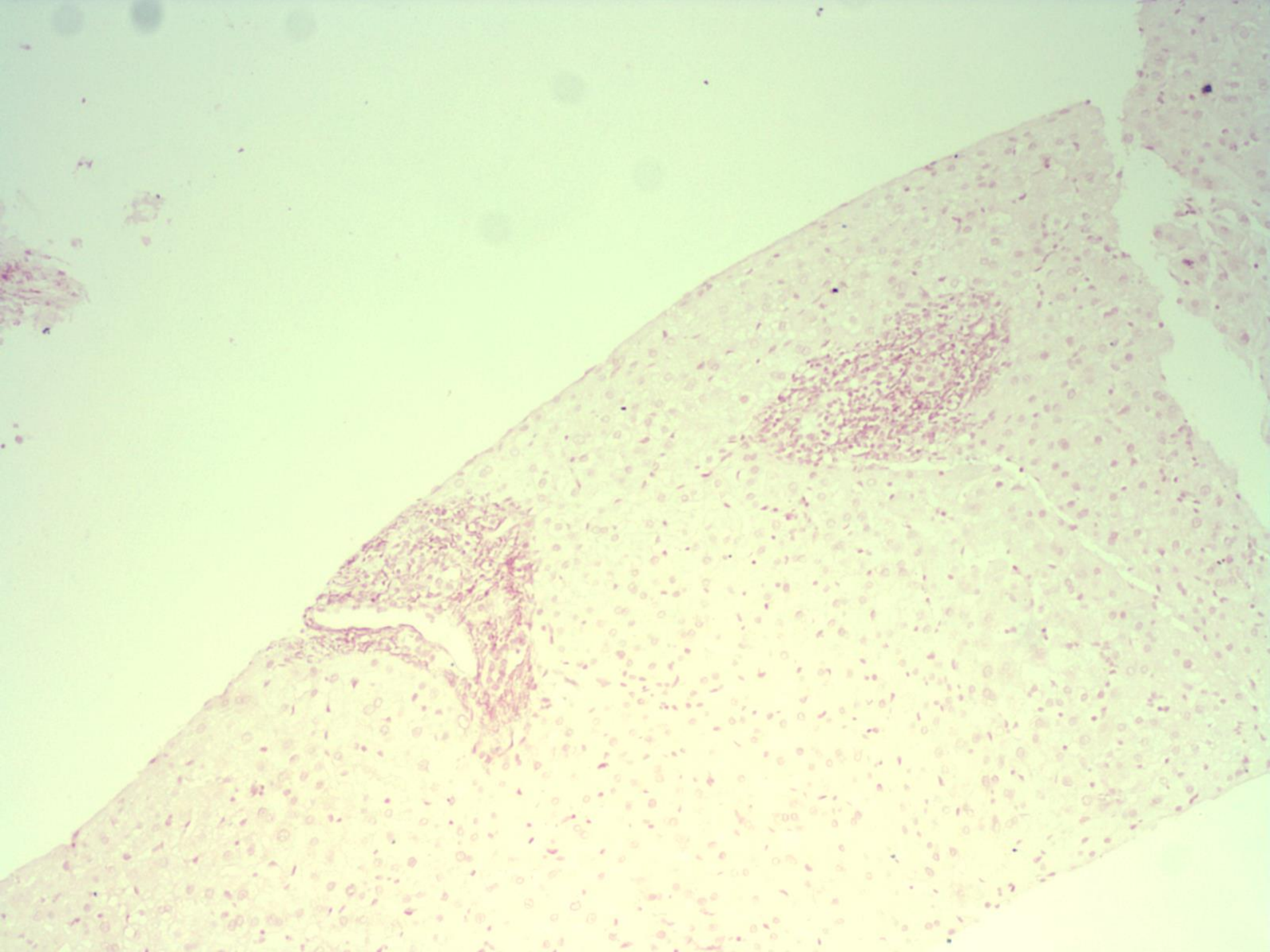
FİBROZİS	
Yok	0
Bazı portal alanlarda genişleme, ince fibröz septa var/yok	1
Portal alanların çoğunda genişleme, ince fibröz septa var/yok	2
Portal alanların çoğunda genişleme, tek tük porto-portal fibrozis	3
Belirgin porto-portal, porto-sentral fibrozis	4
Belirgin porto-portal, porto-sentral fibrozis, tek tük pseudolobüller	5
Belirgin siroz	6

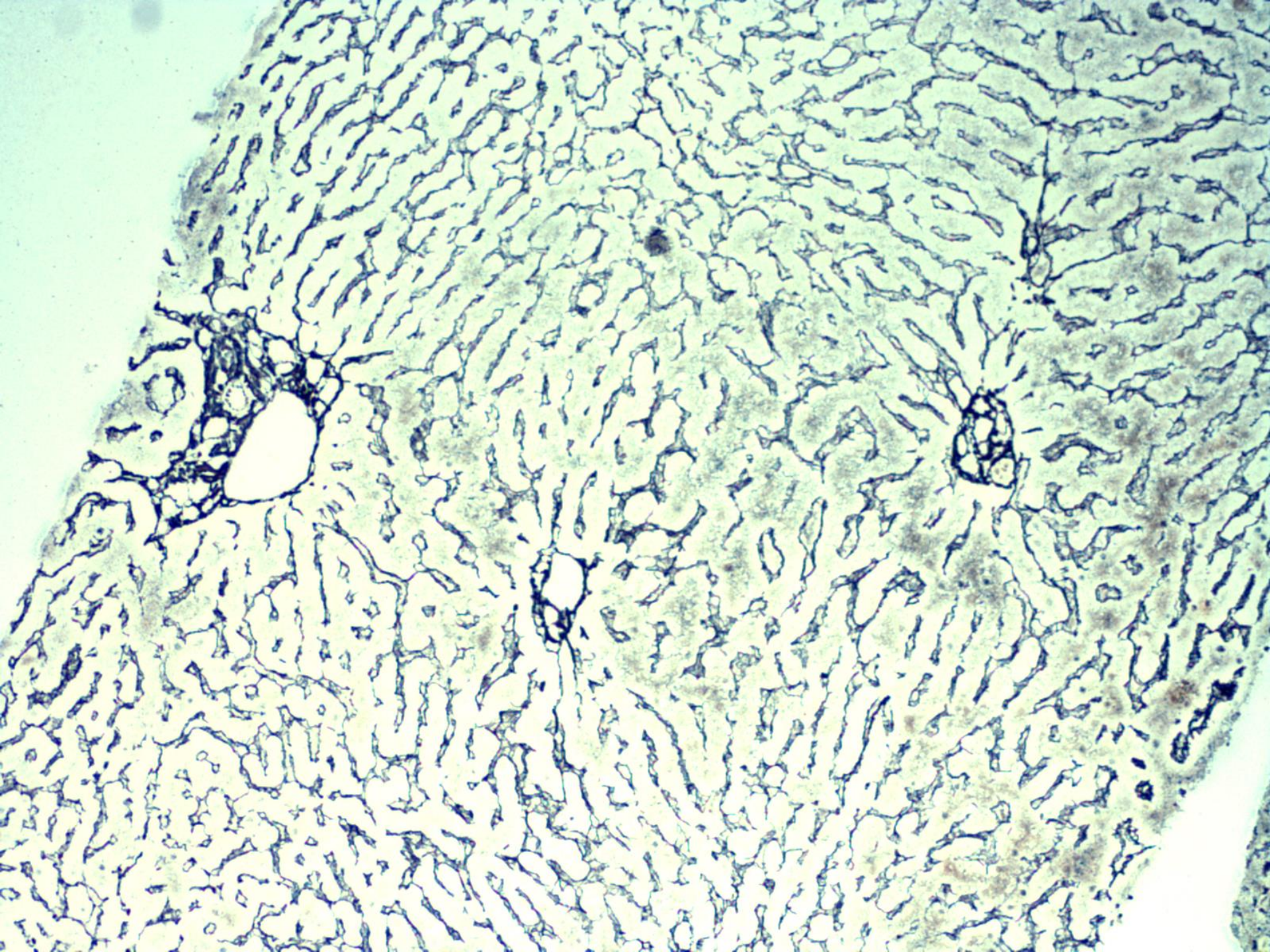


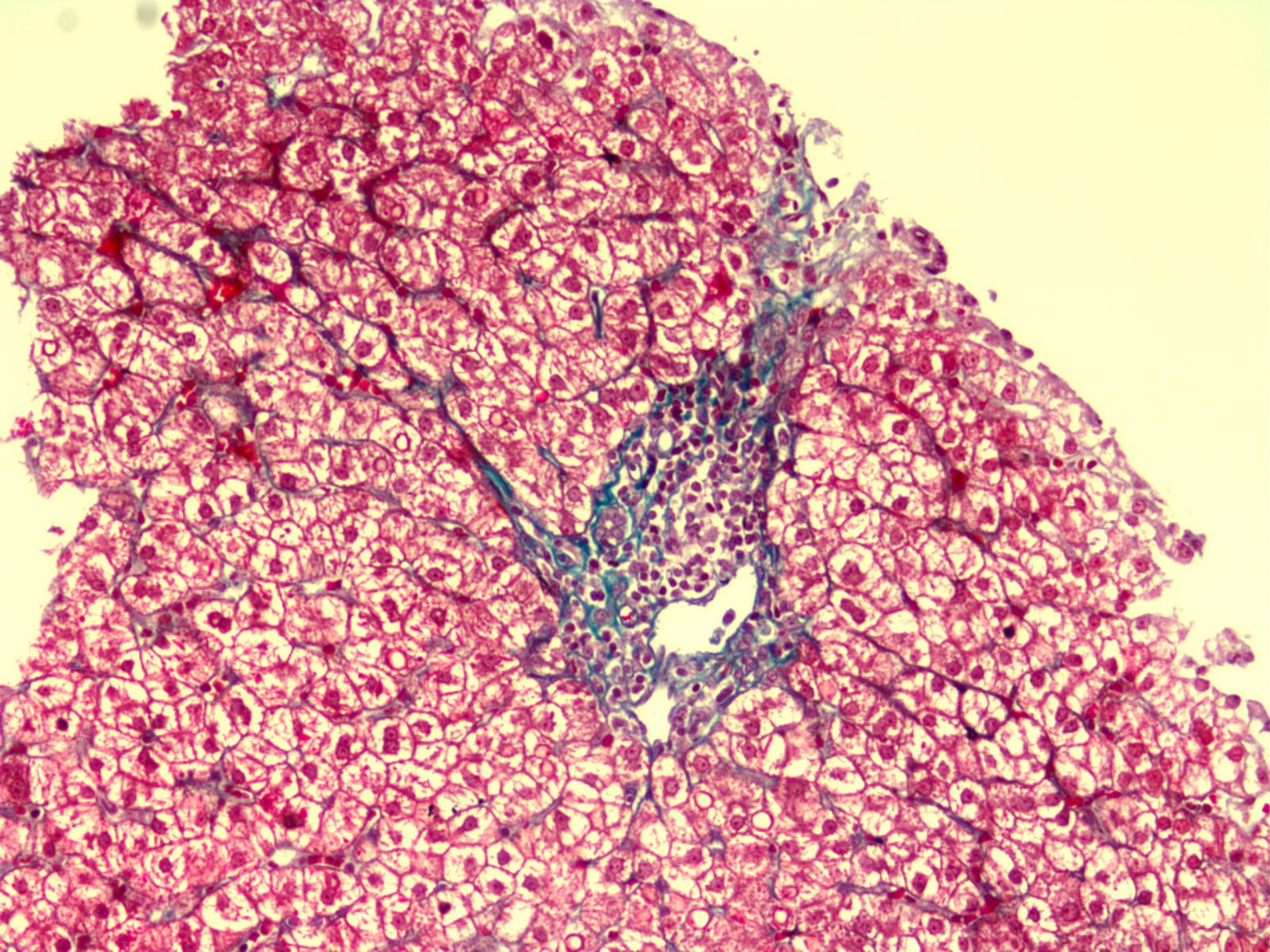


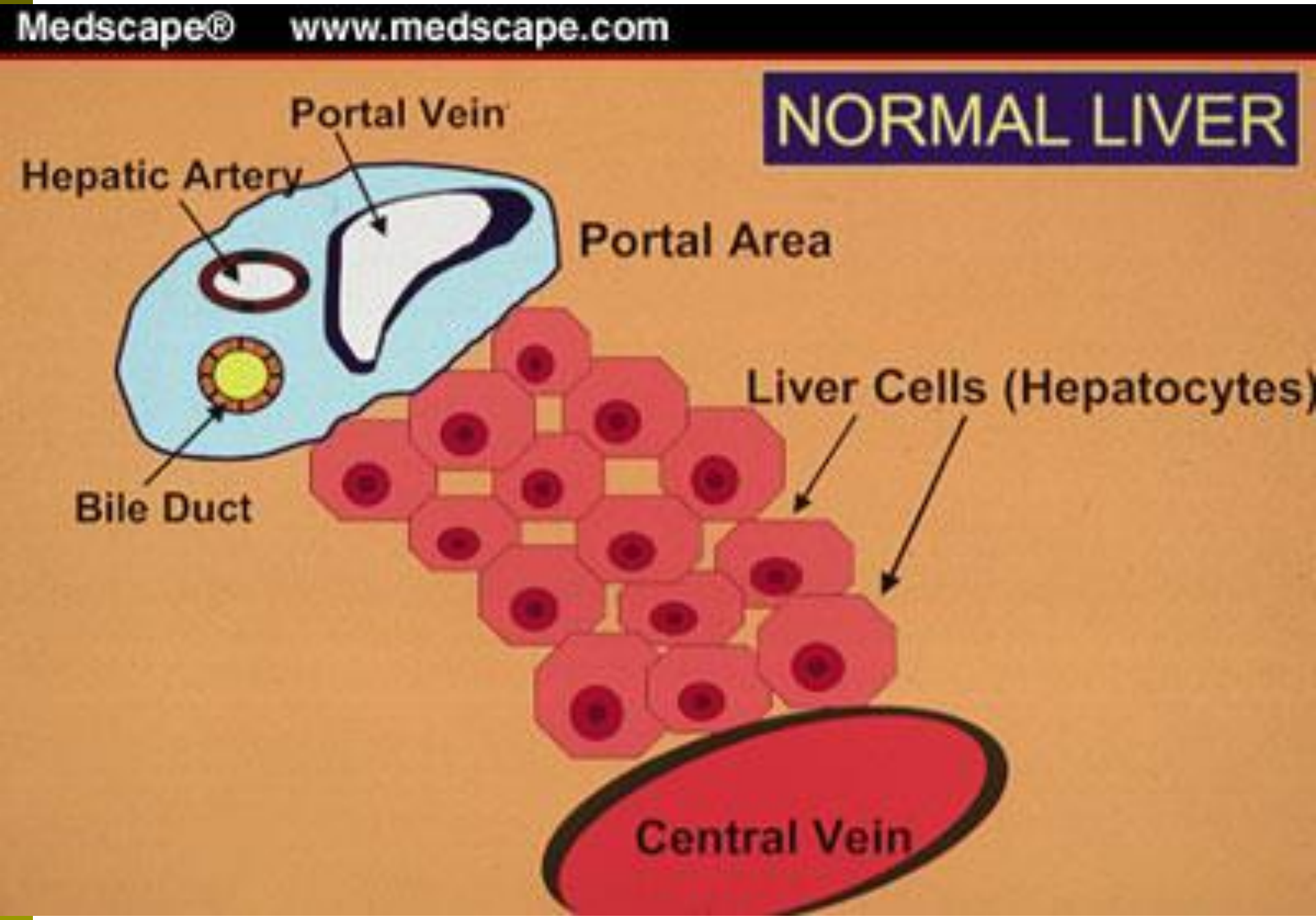








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Portal Area
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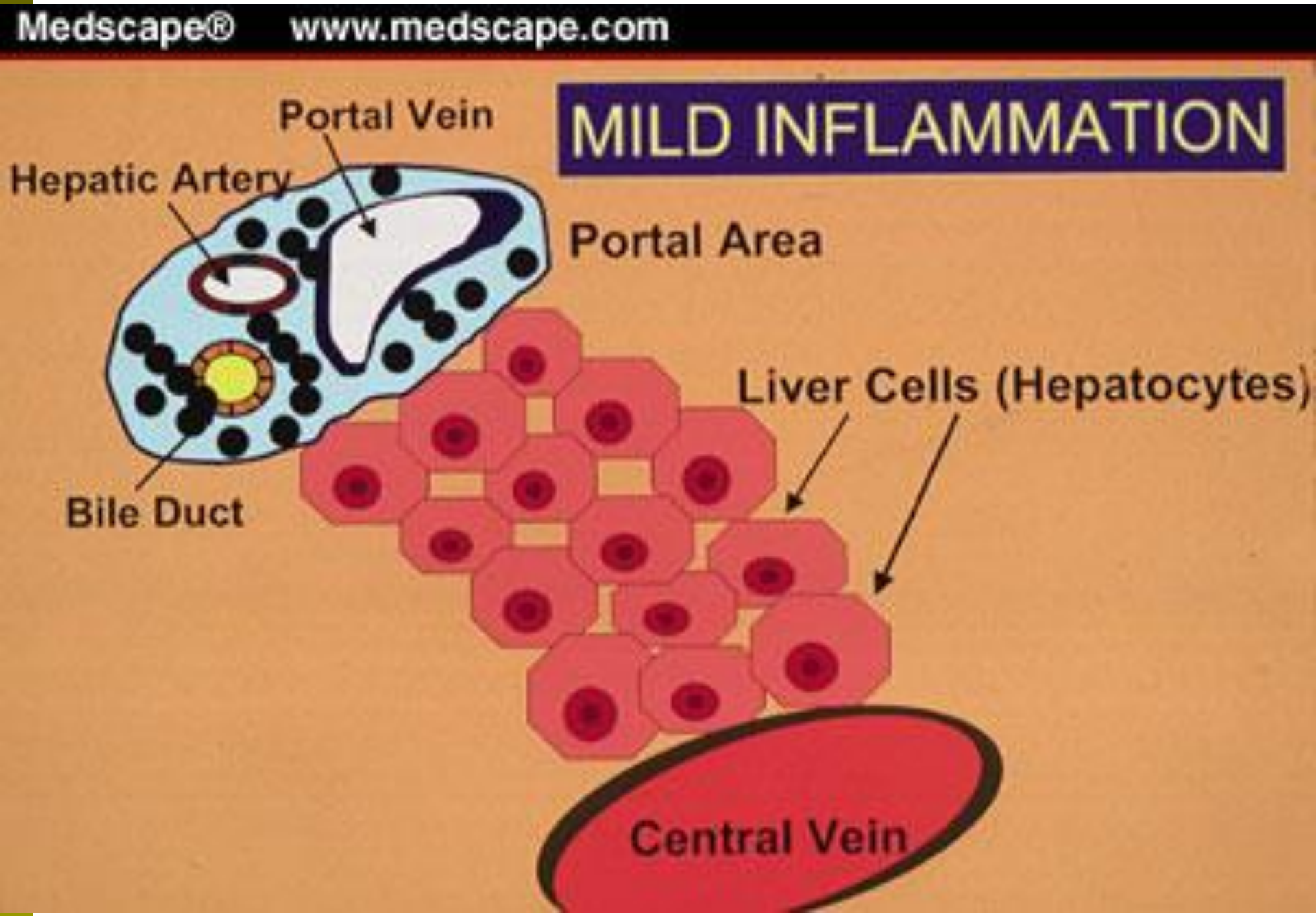
Bile Duct
Central Vein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Portal Area
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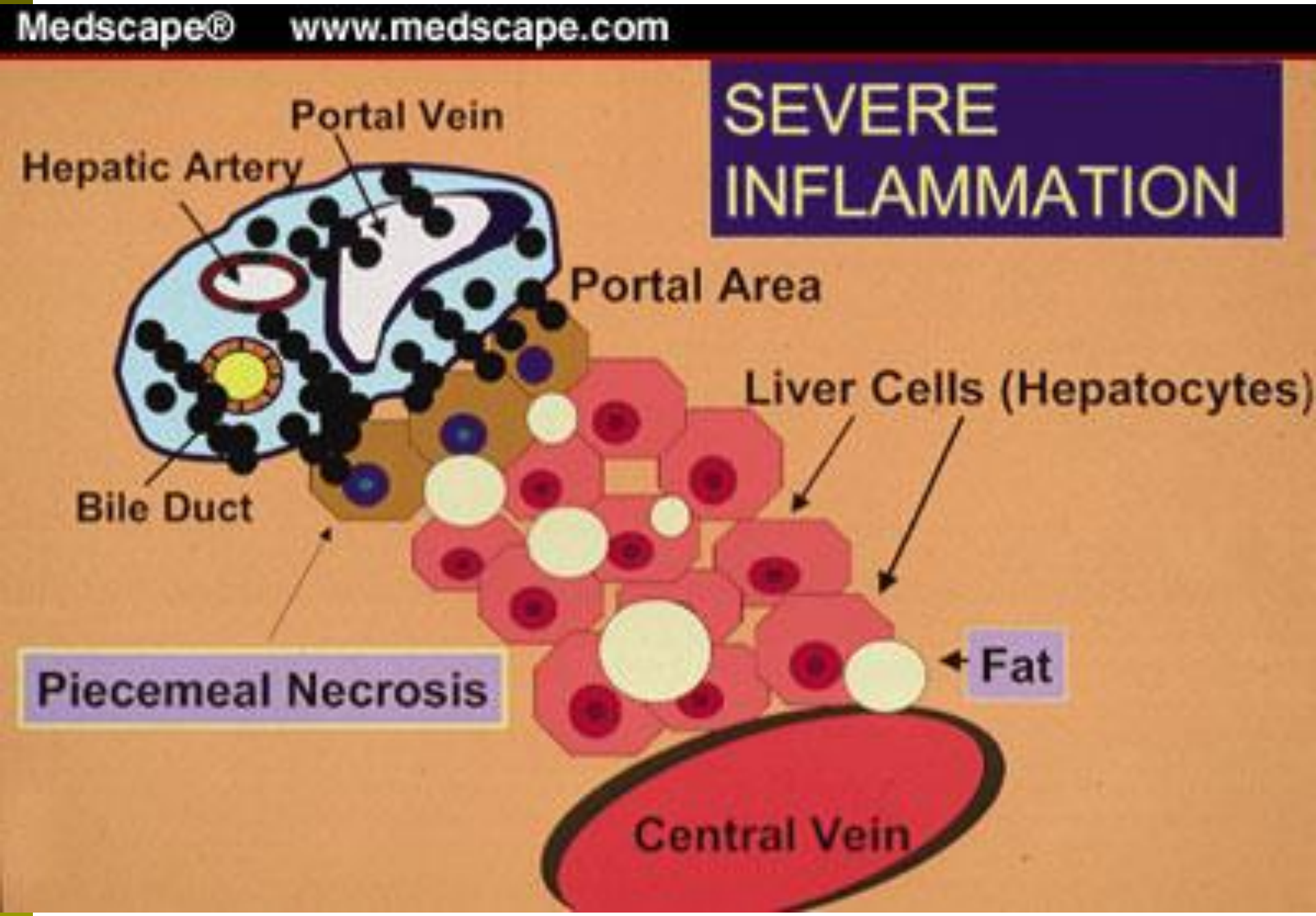
Bile Duct
Central Vein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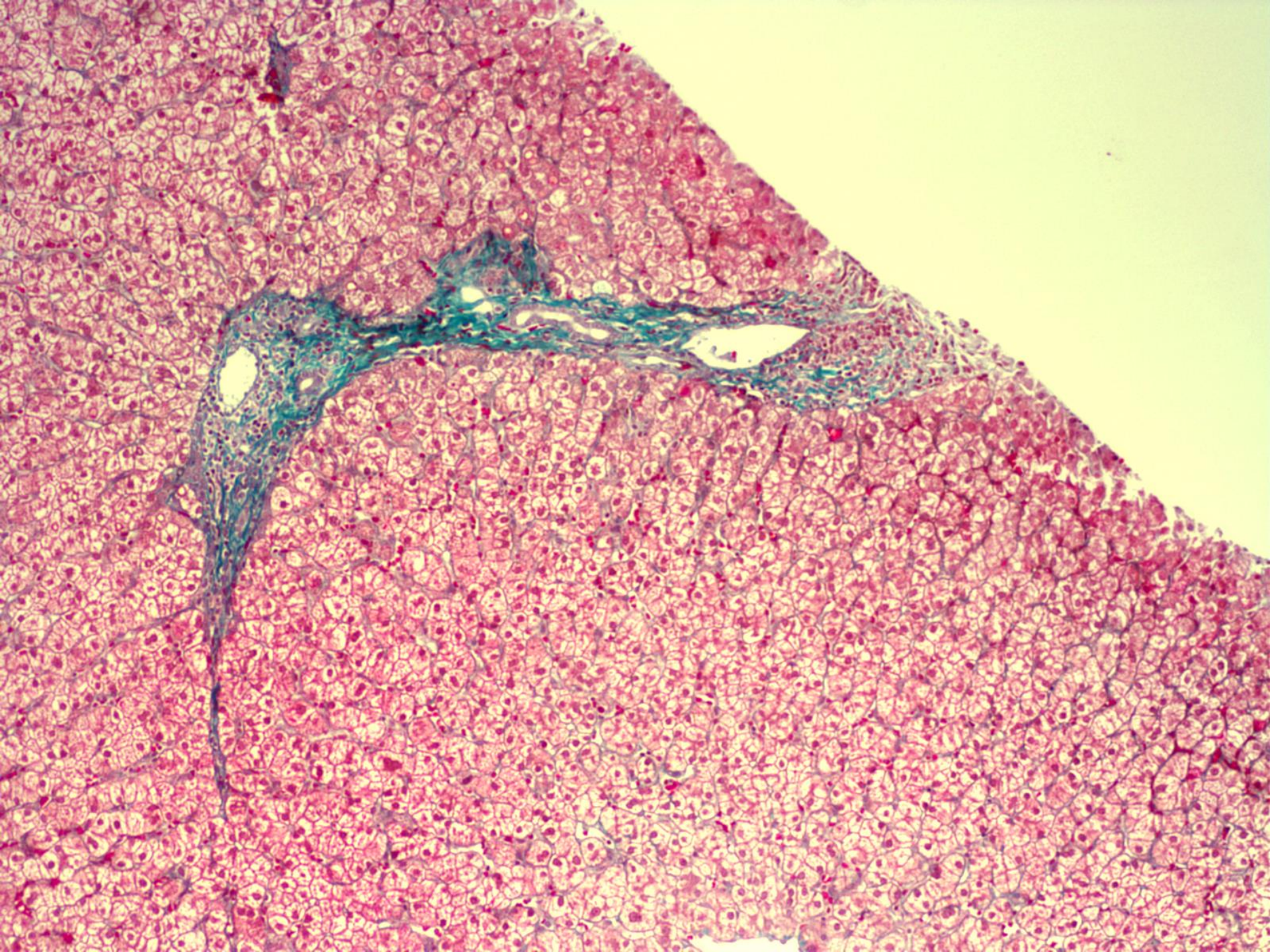
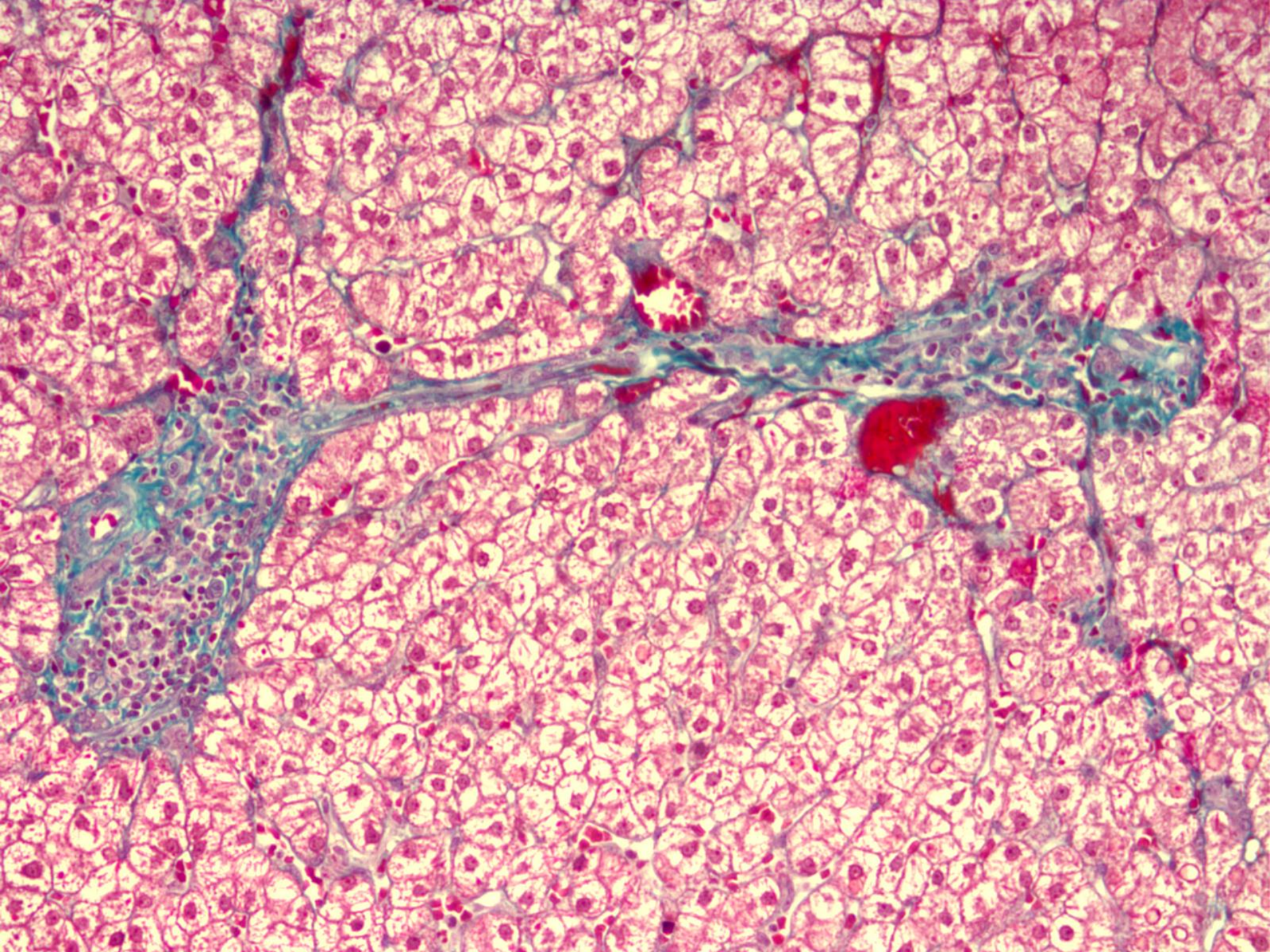
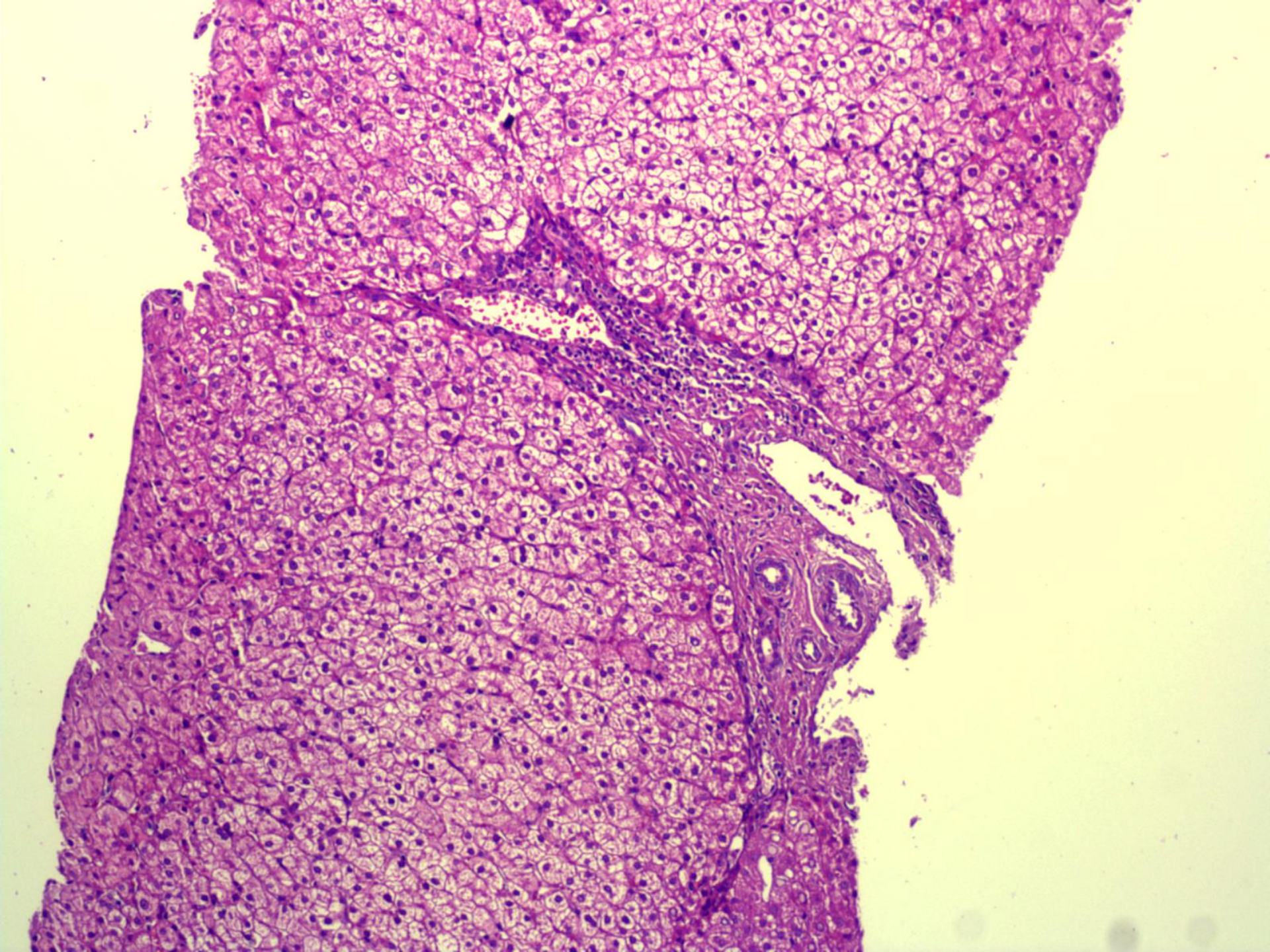
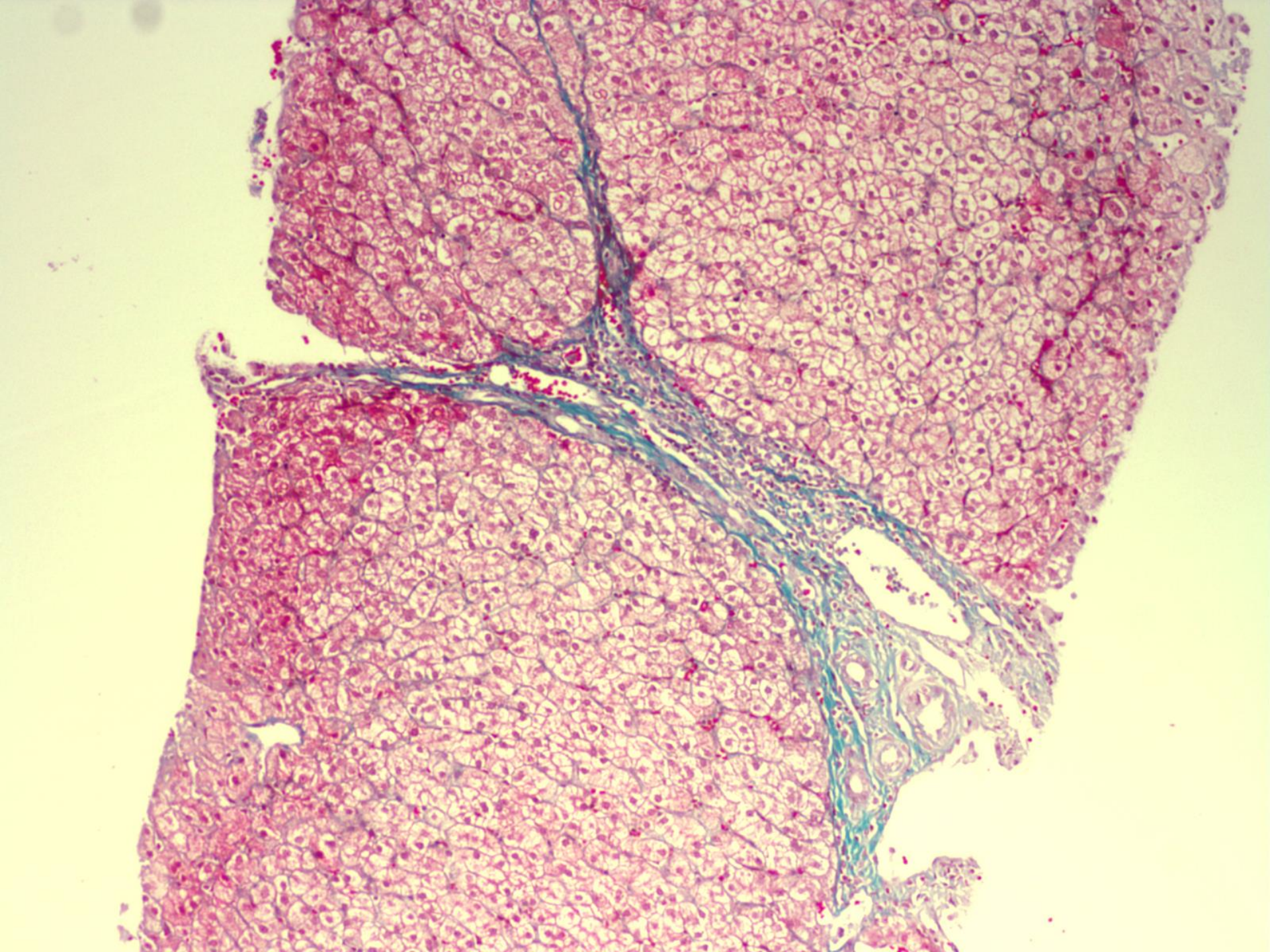
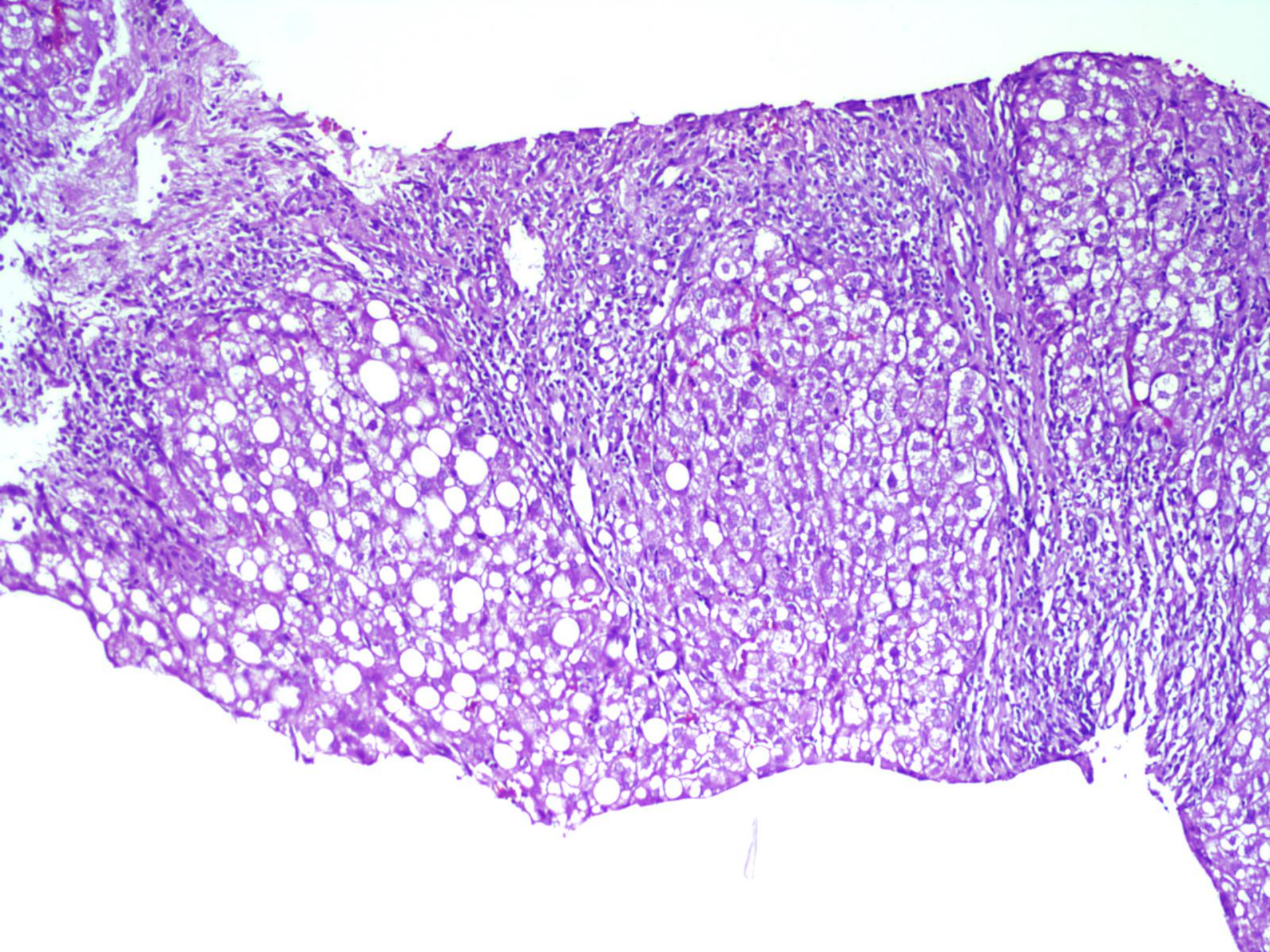
Hepatic Artery
Portal Area
Liver Cells (Hepatocytes)
Bile Duct
Piecemeal Necrosis
Fat
Central Vein

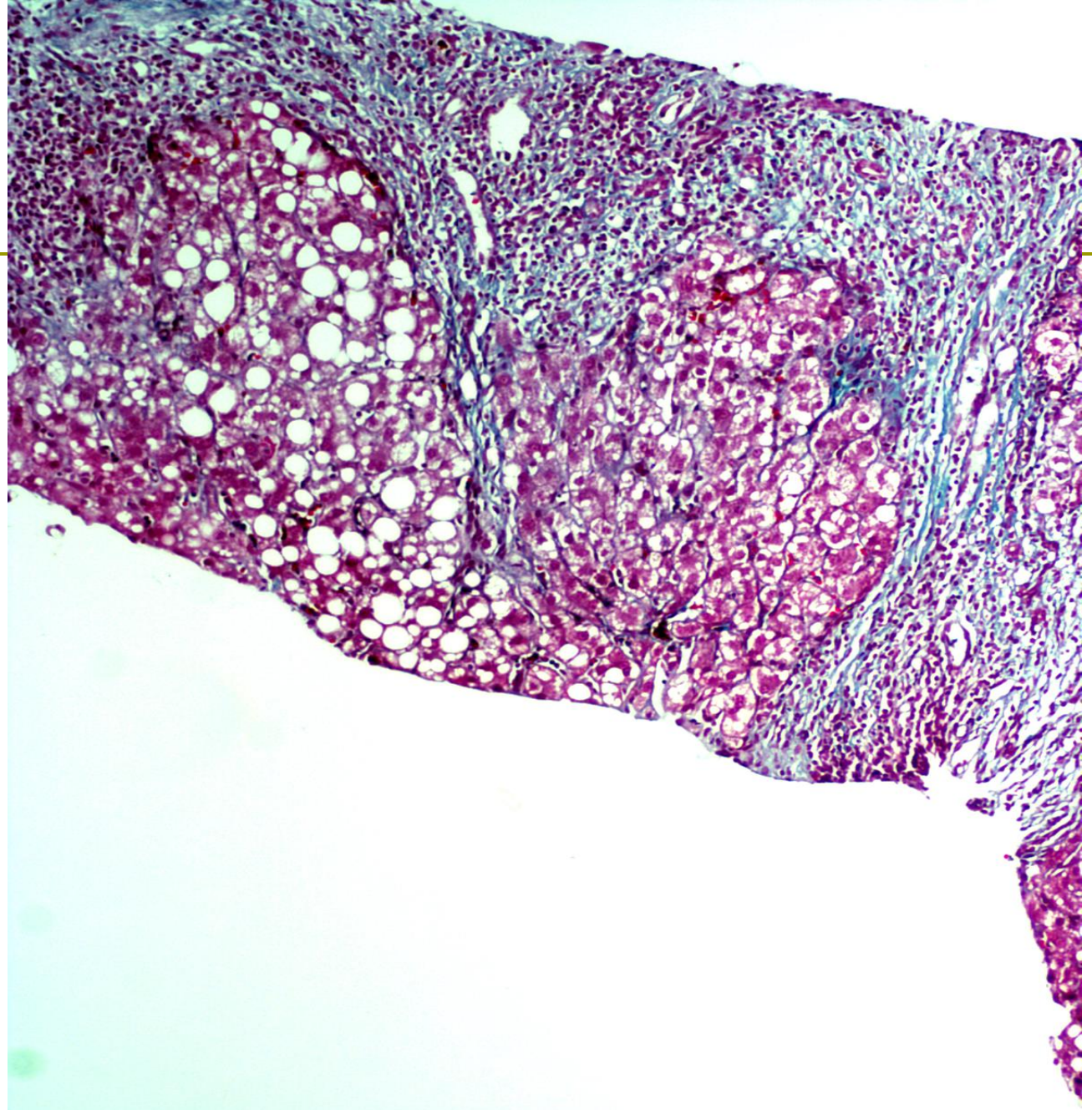


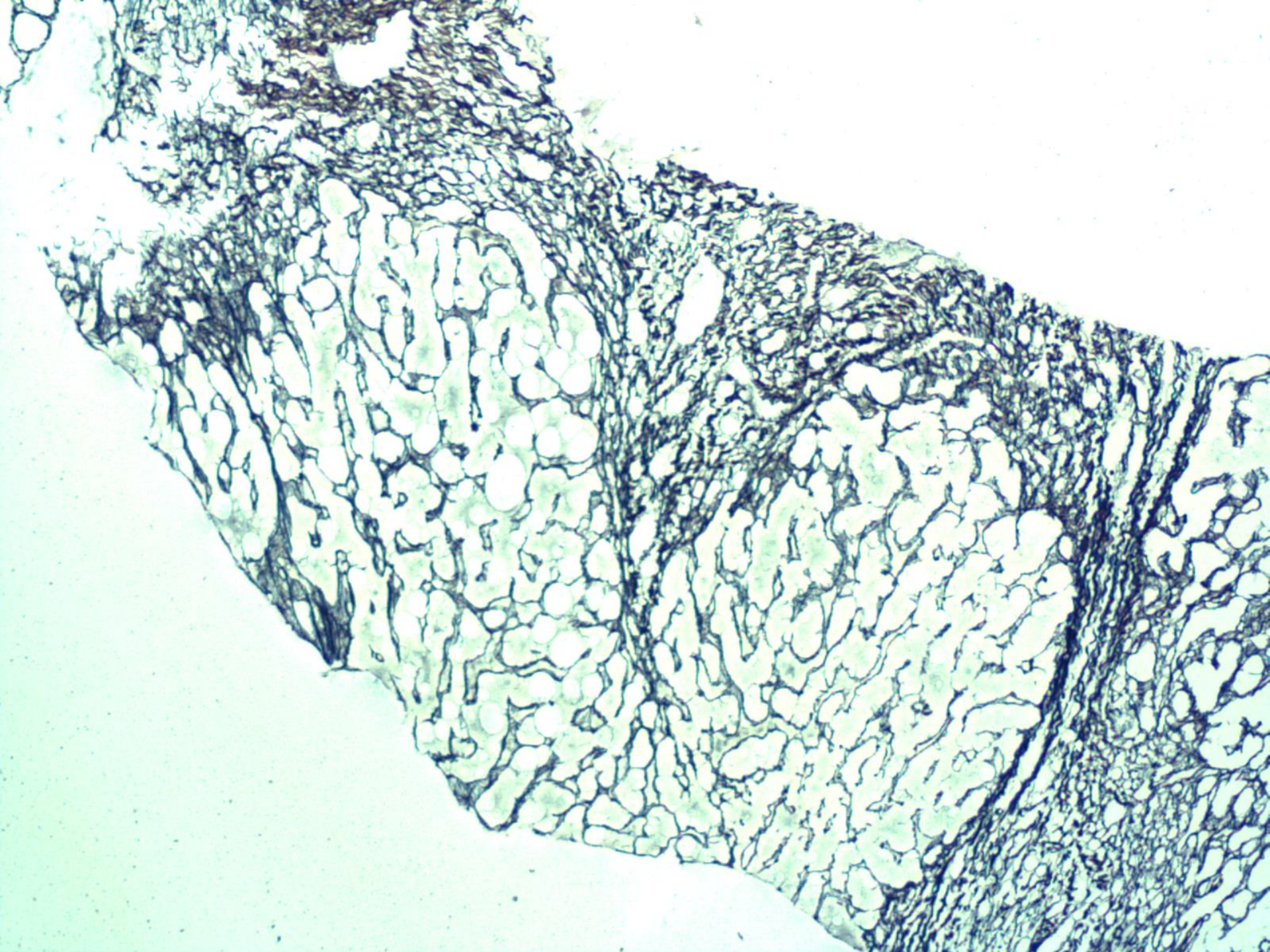


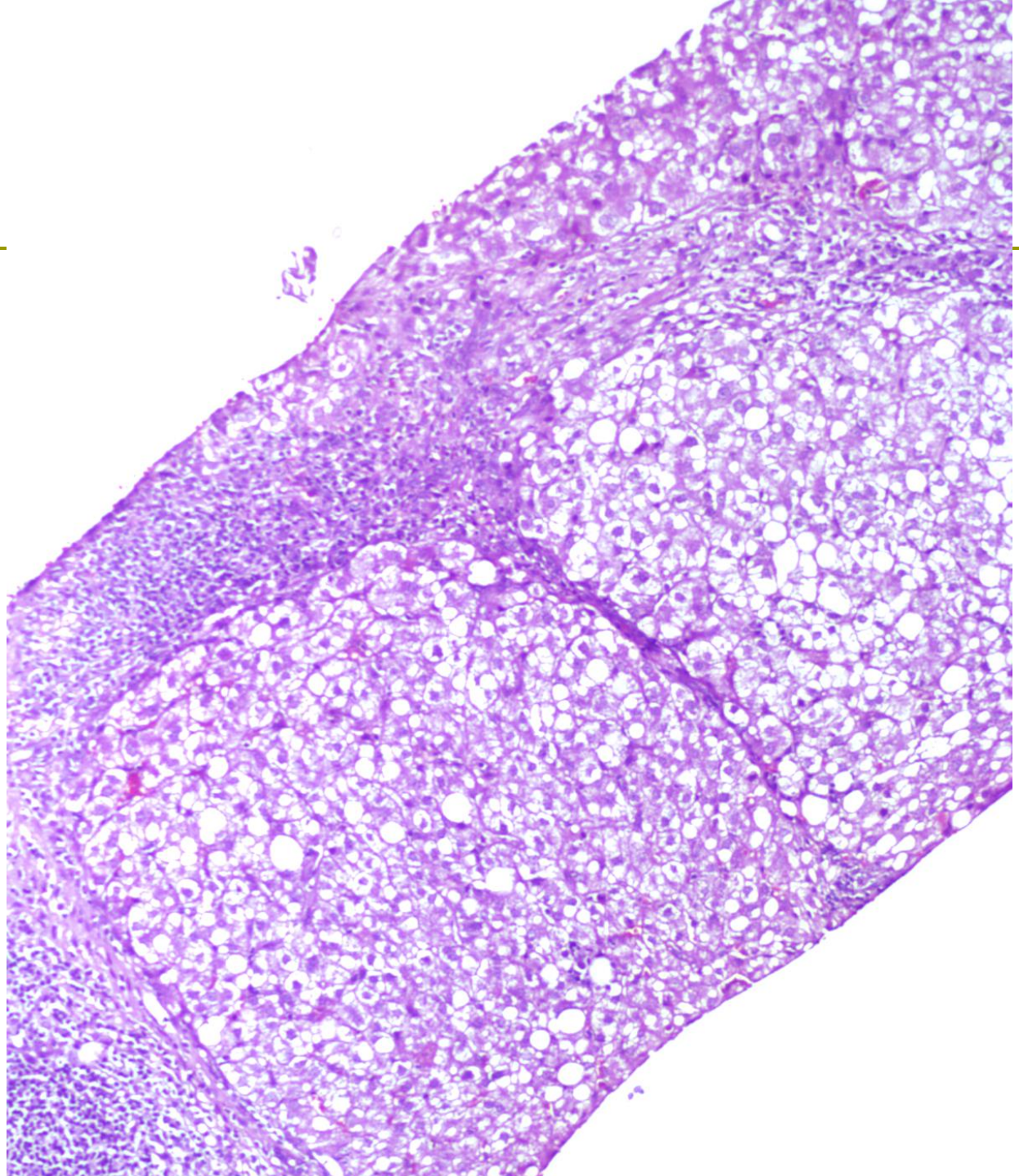


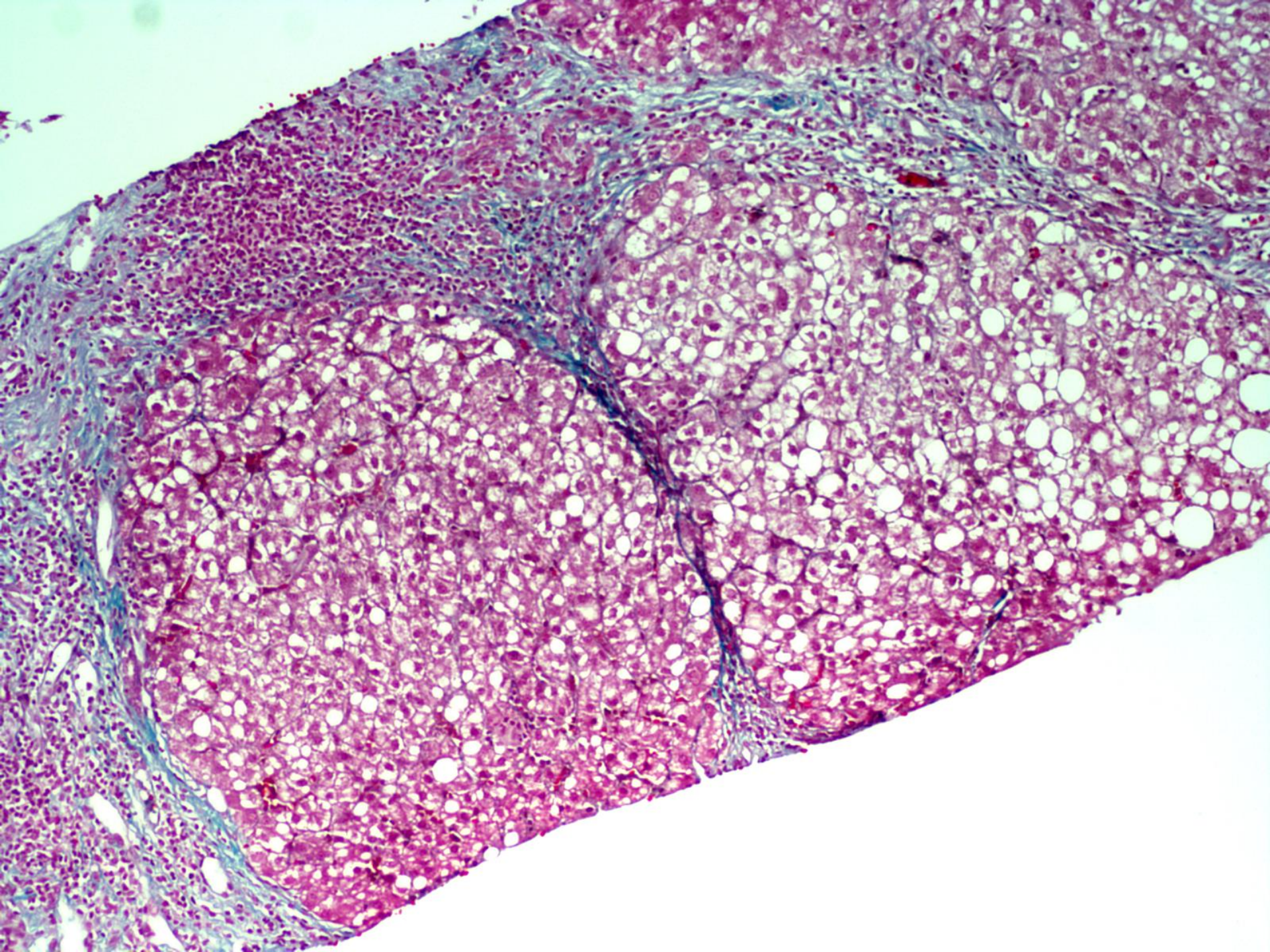


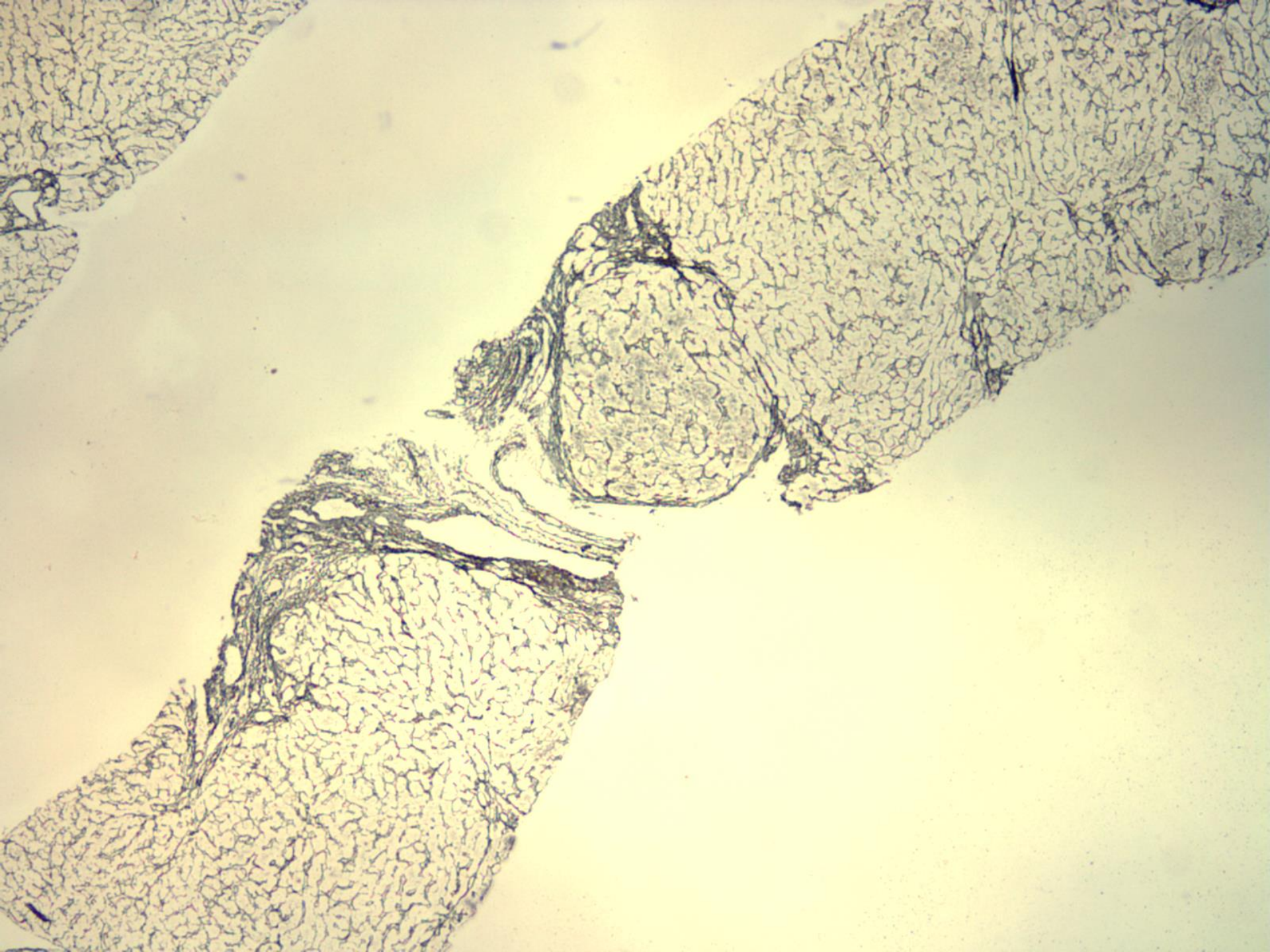


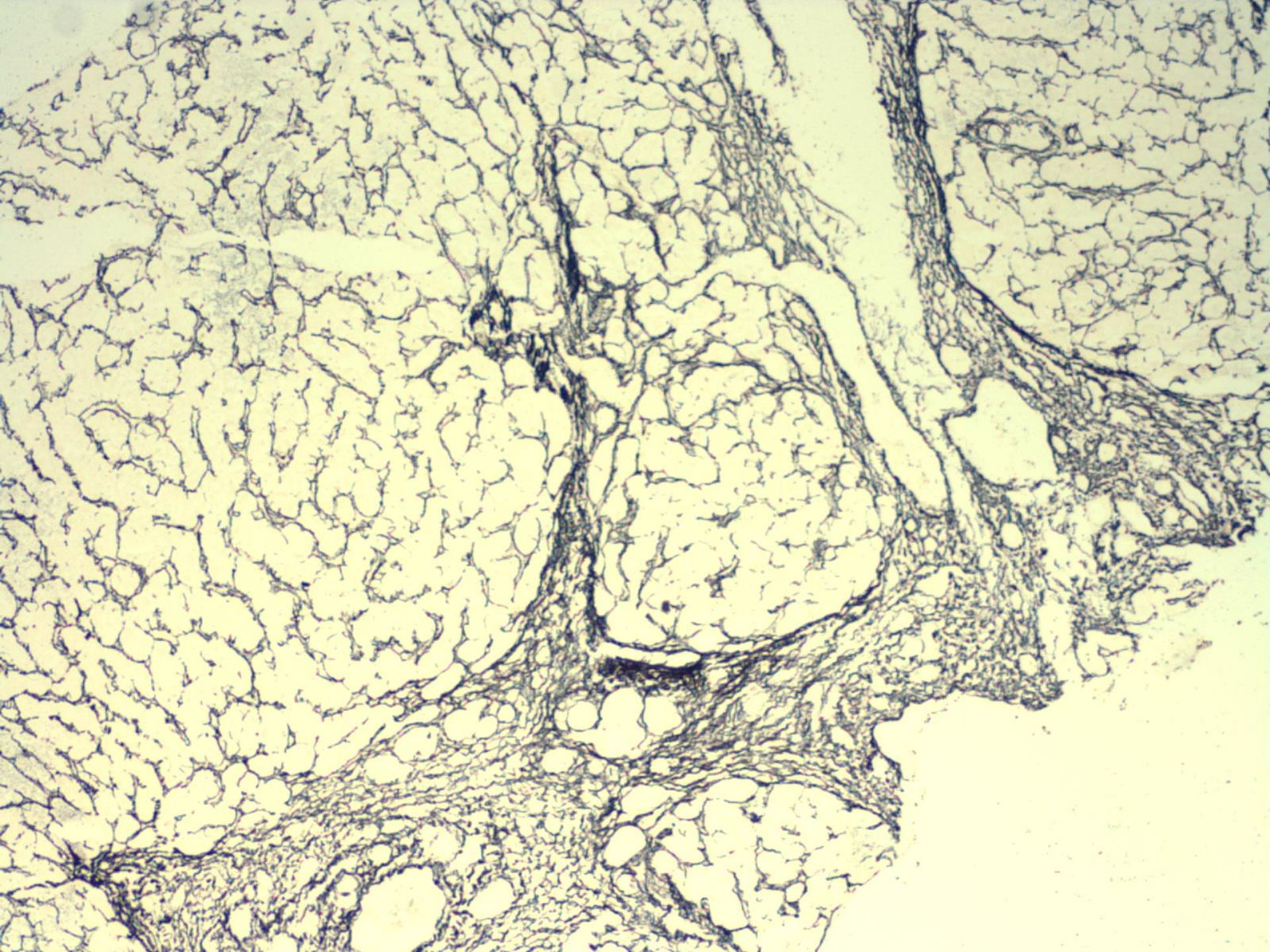


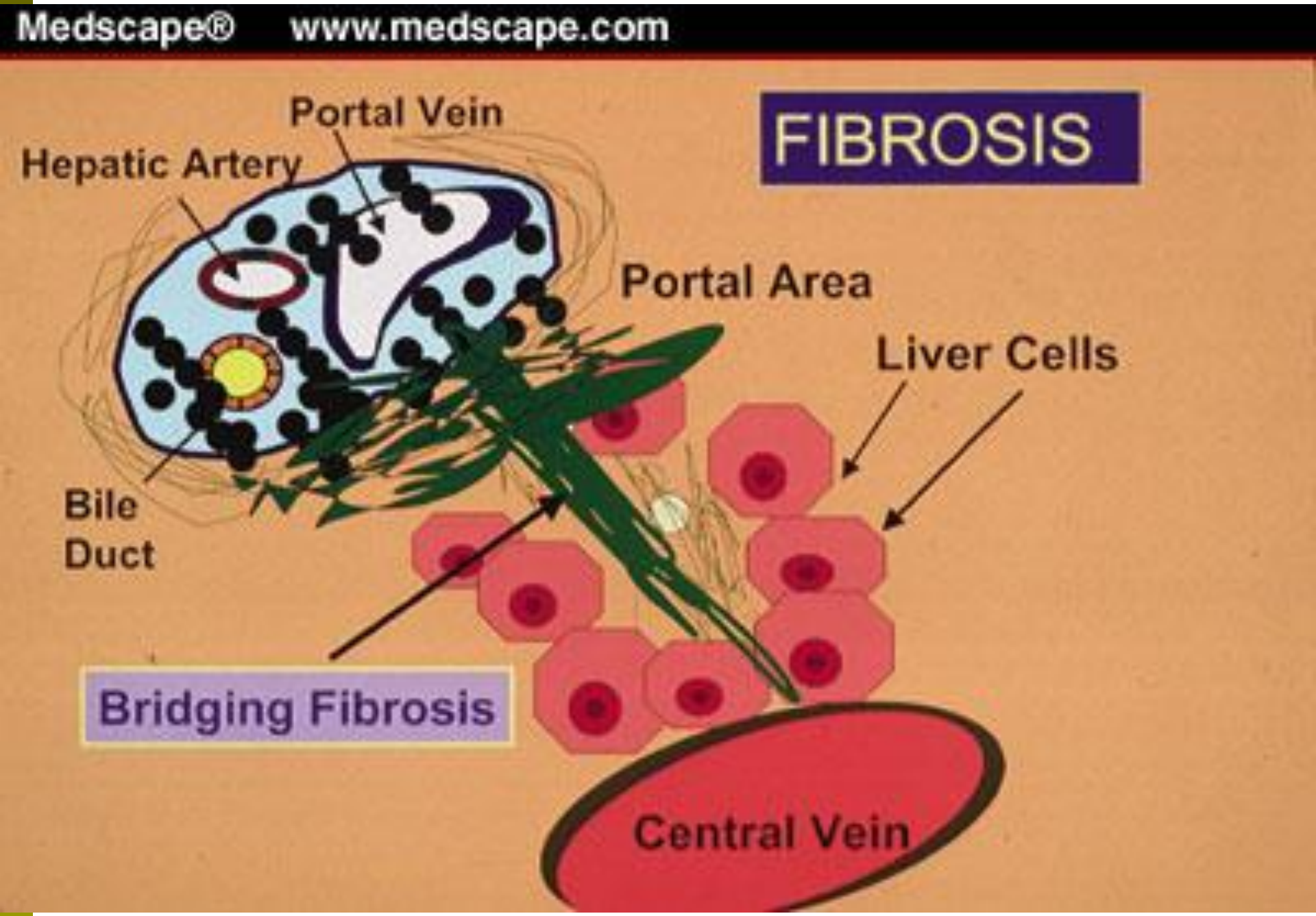








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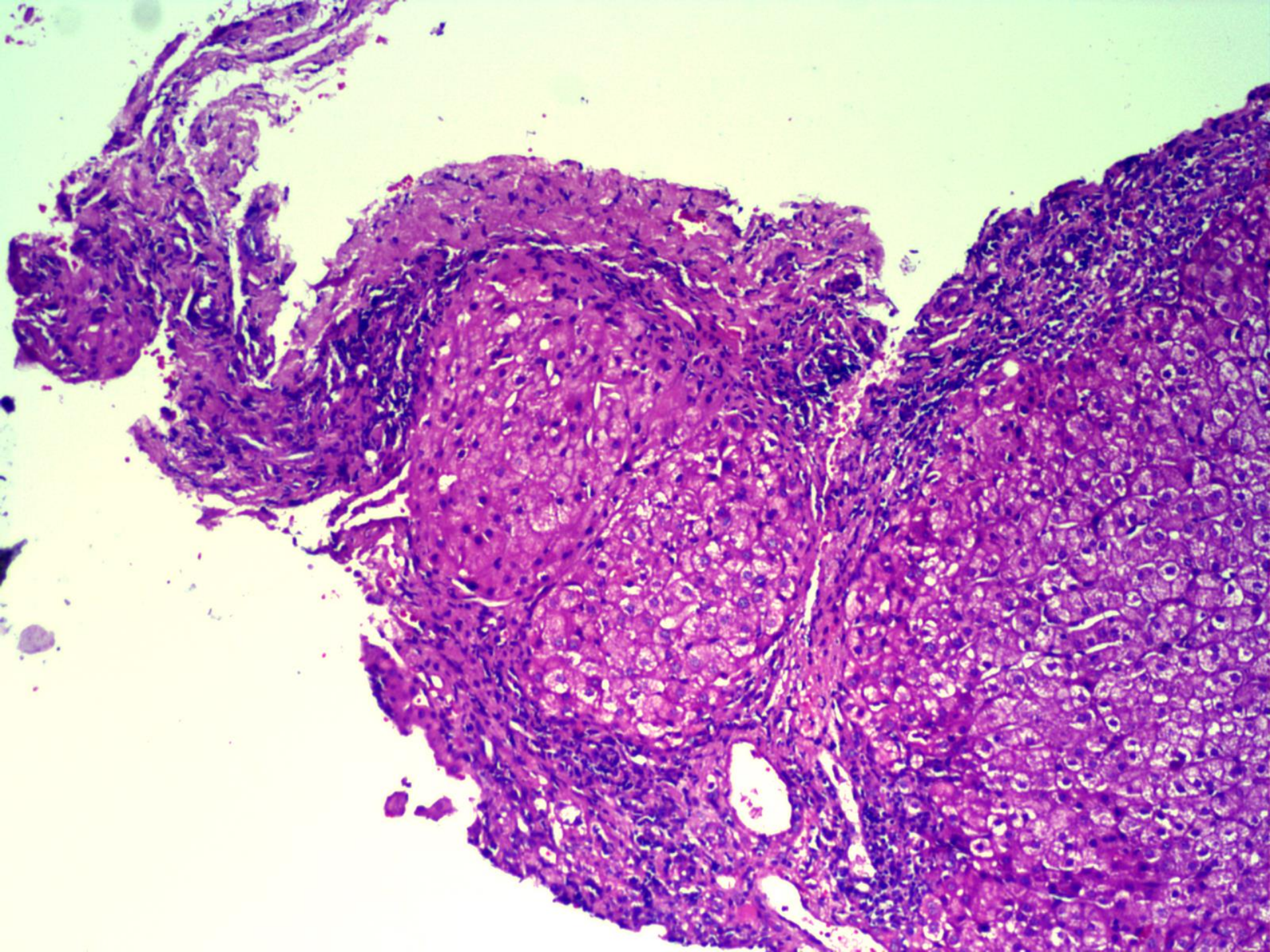

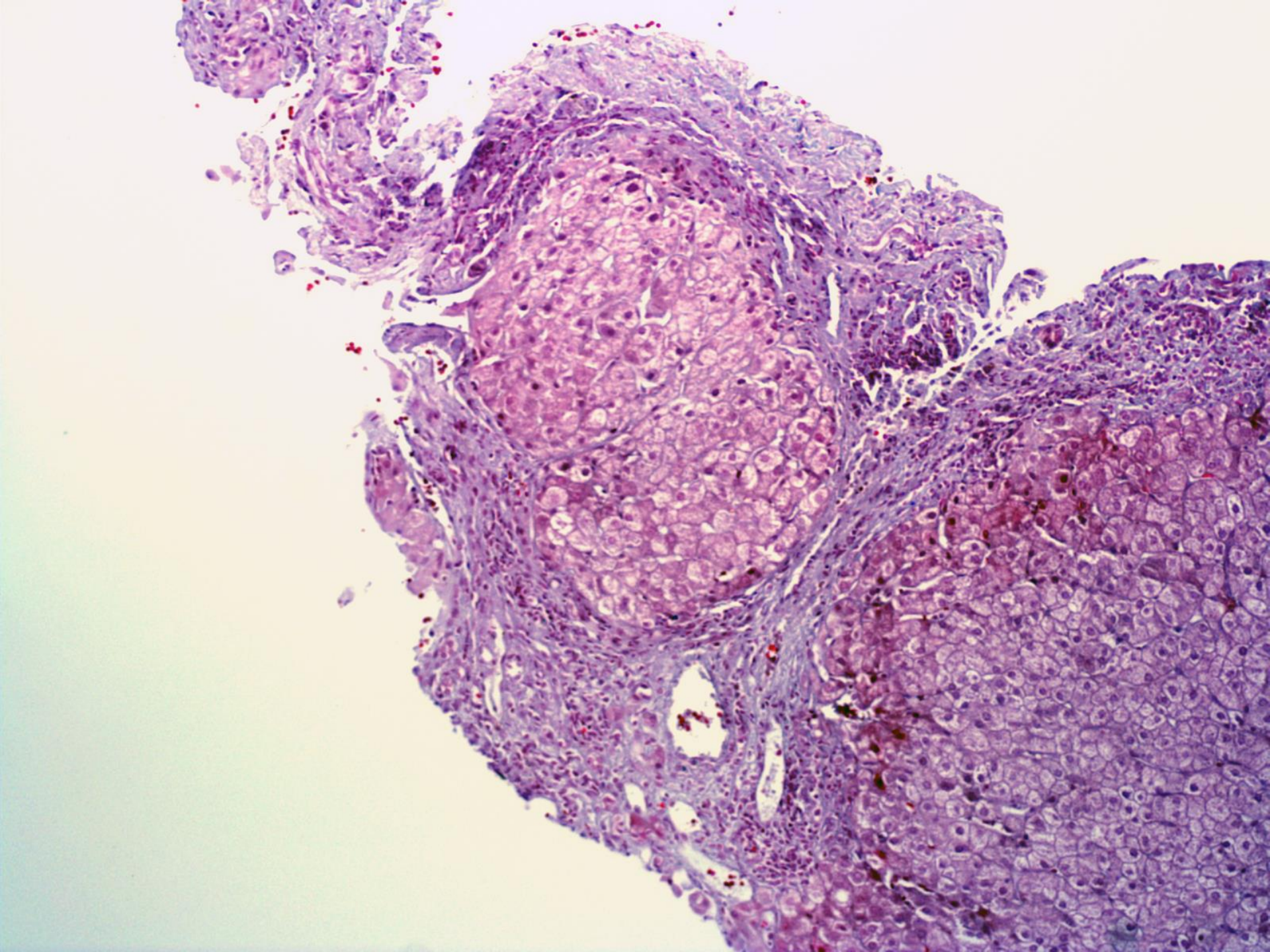

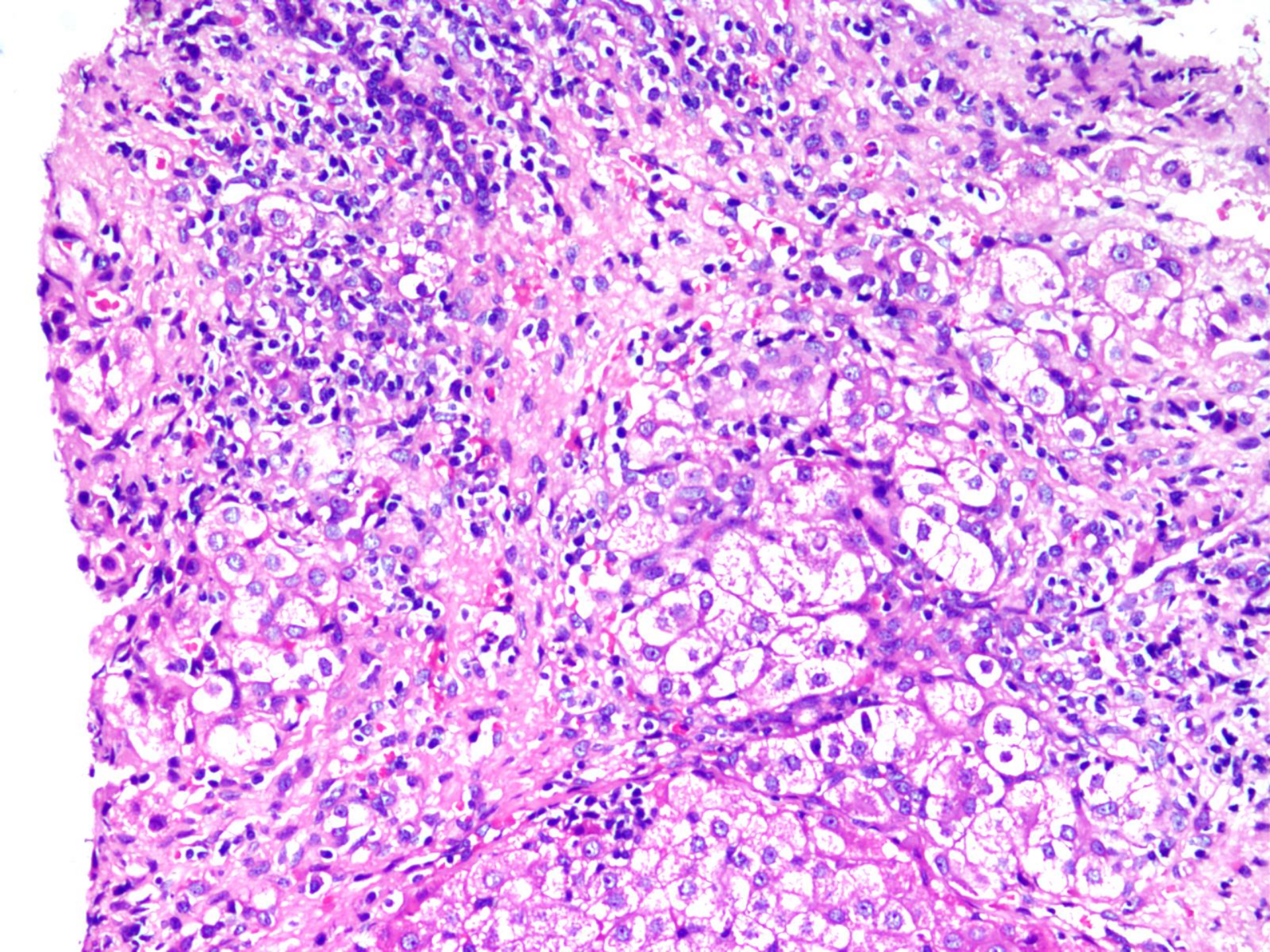

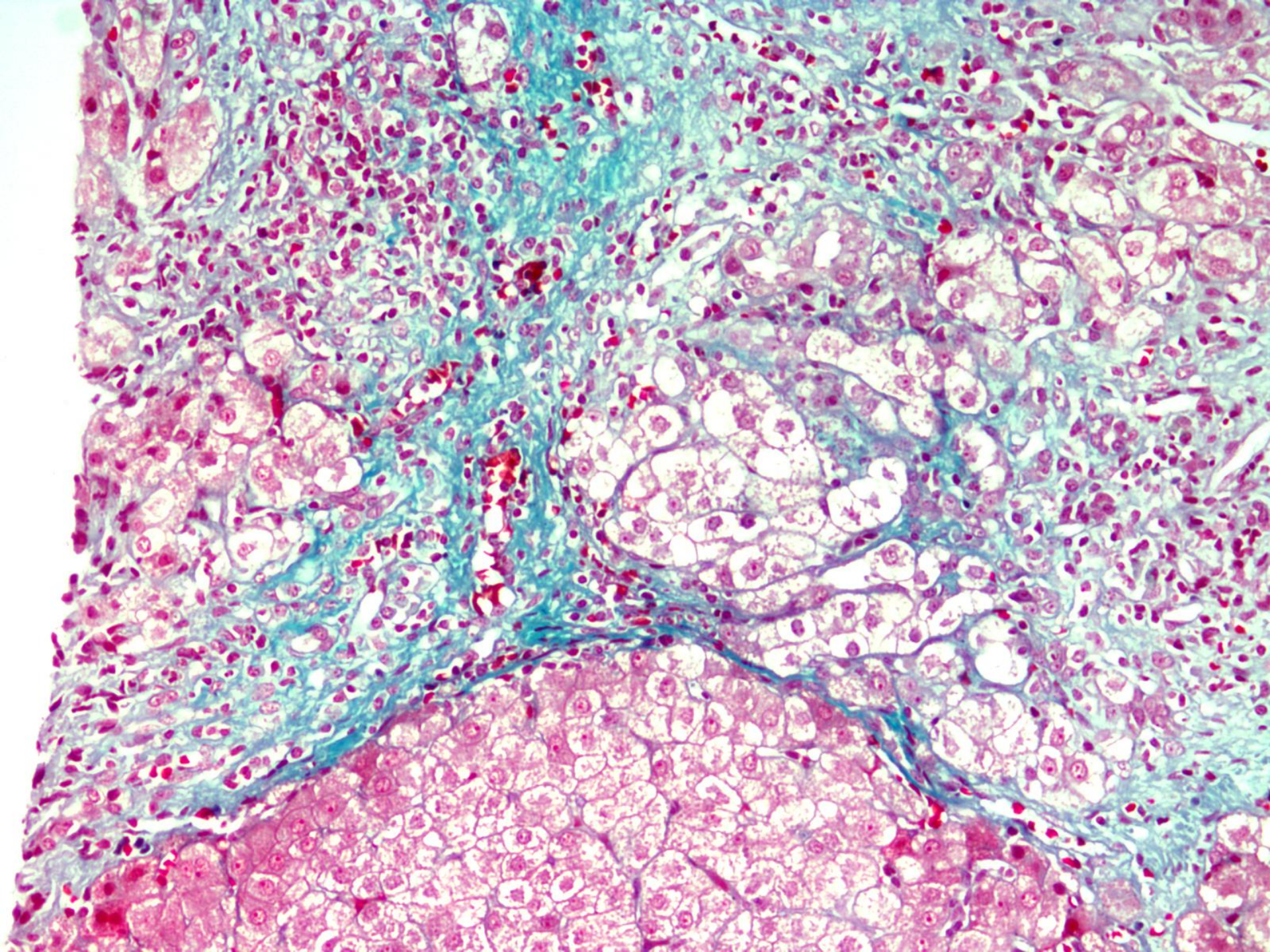

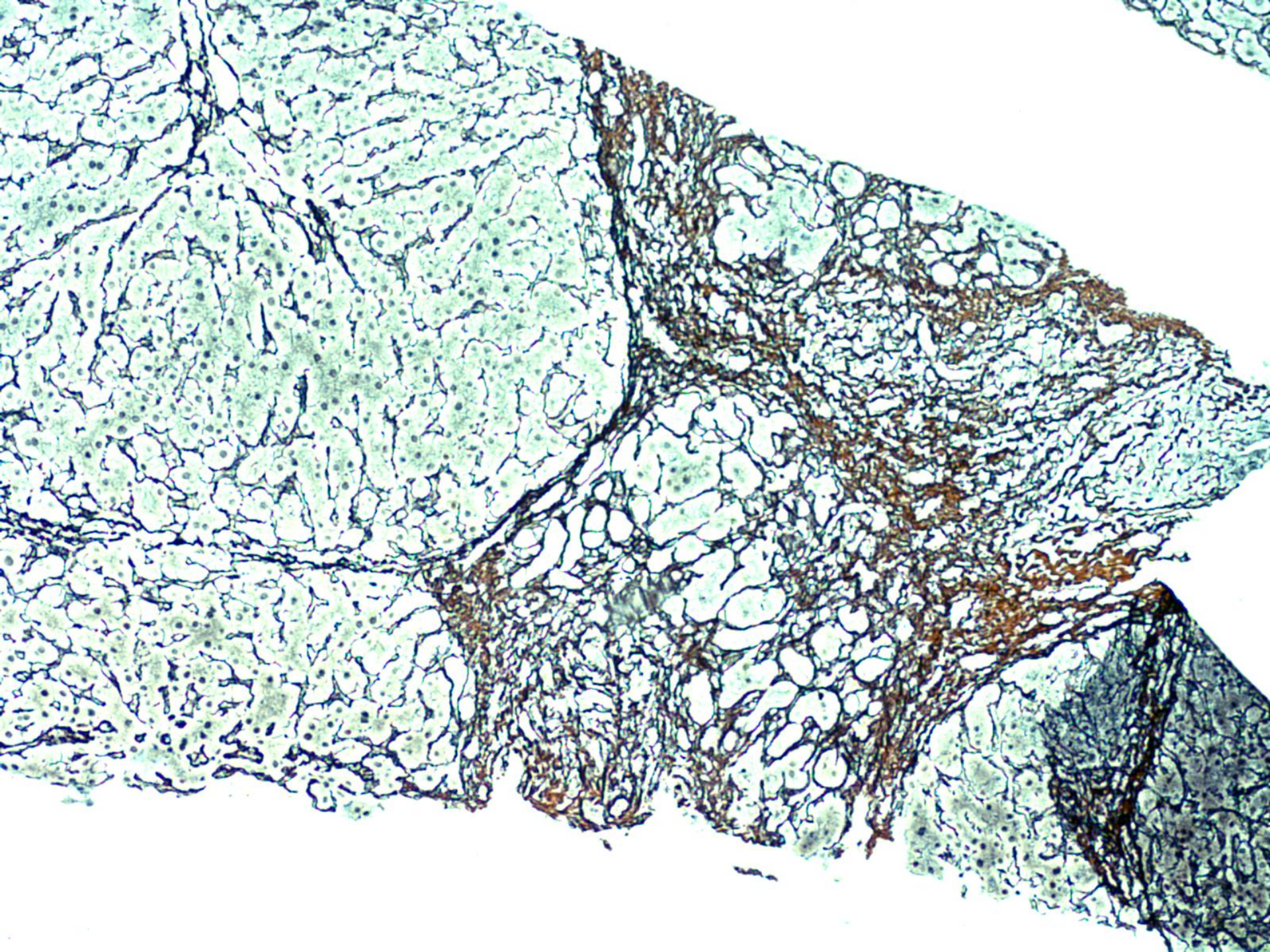

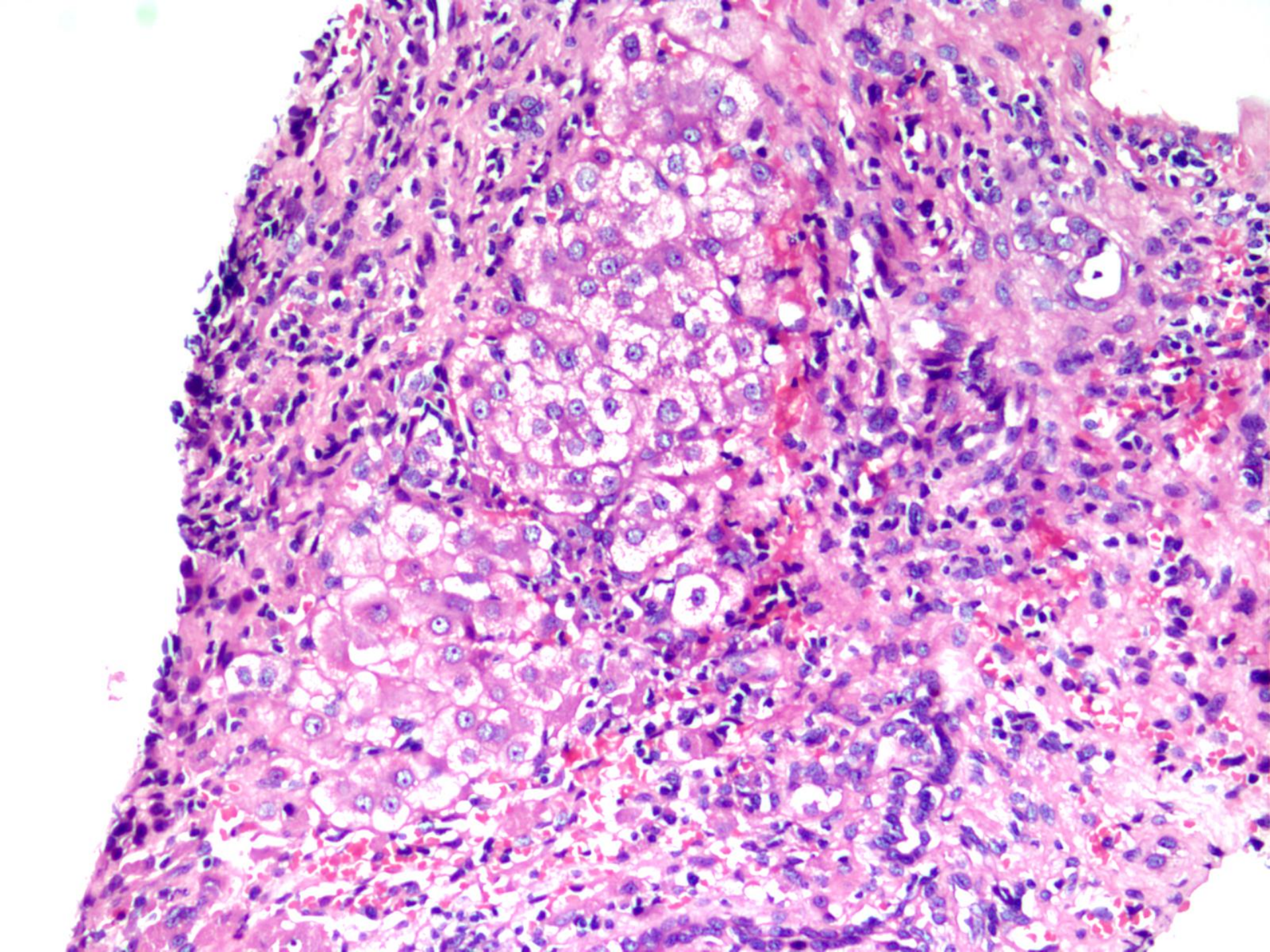

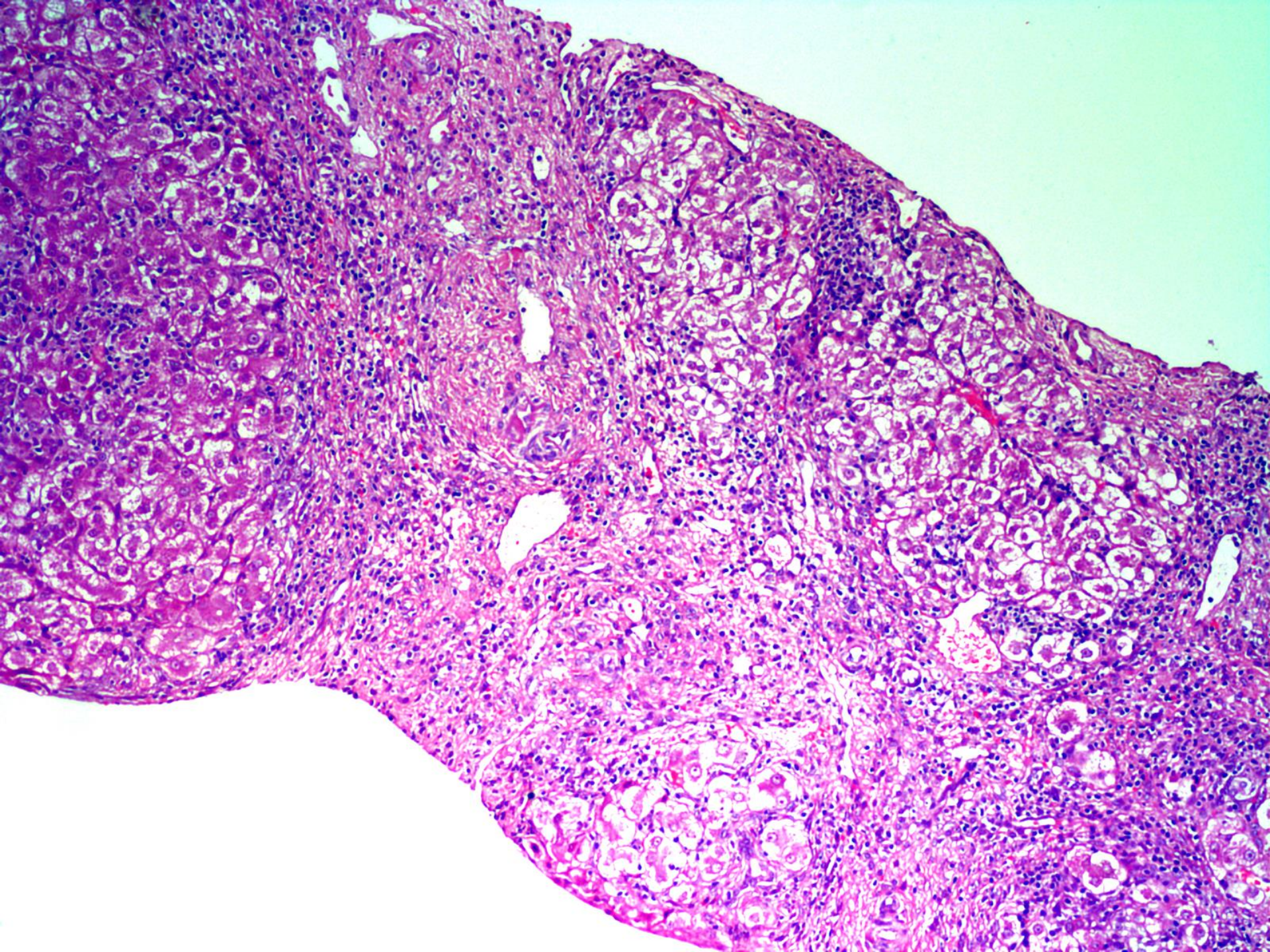

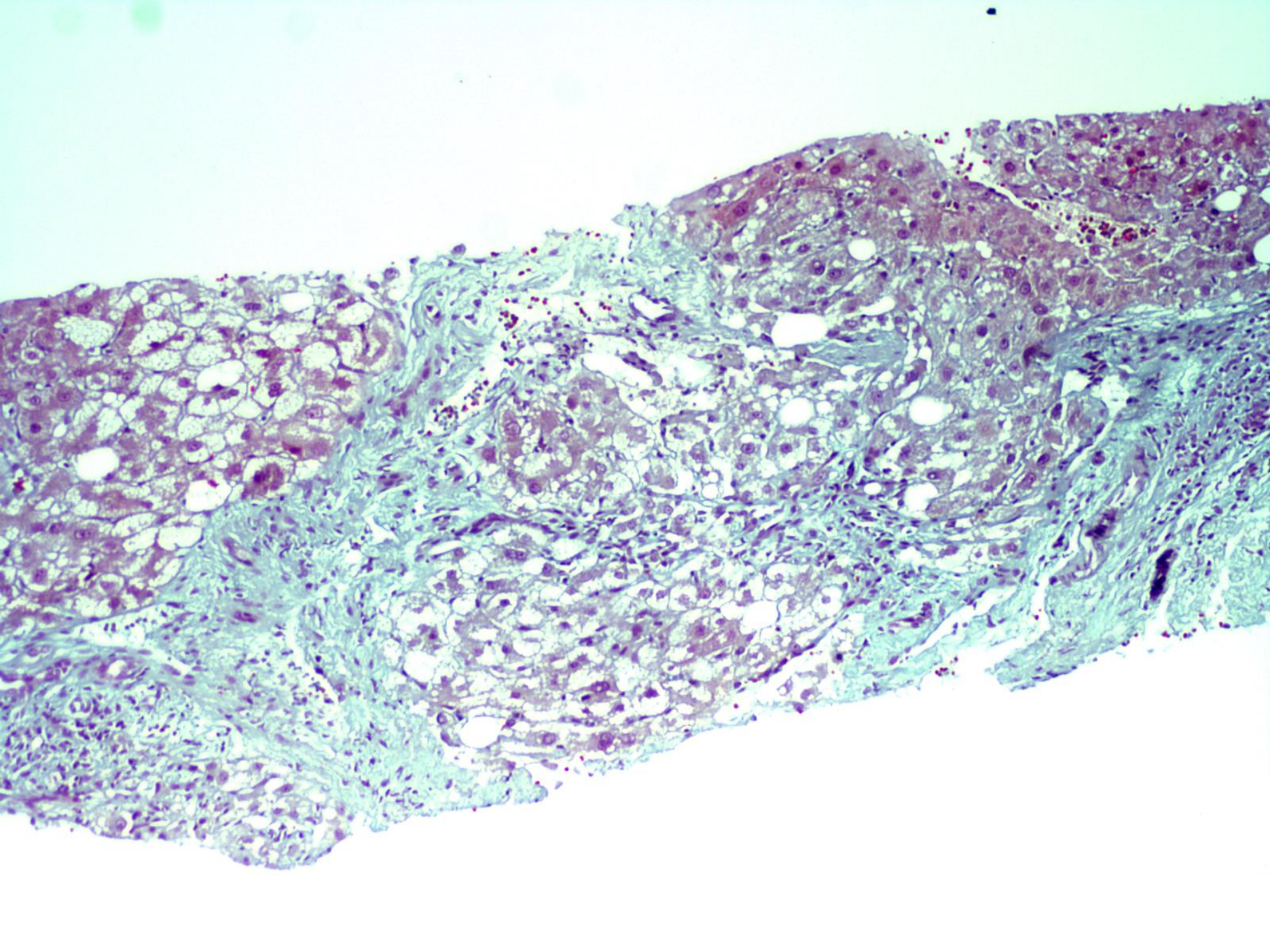

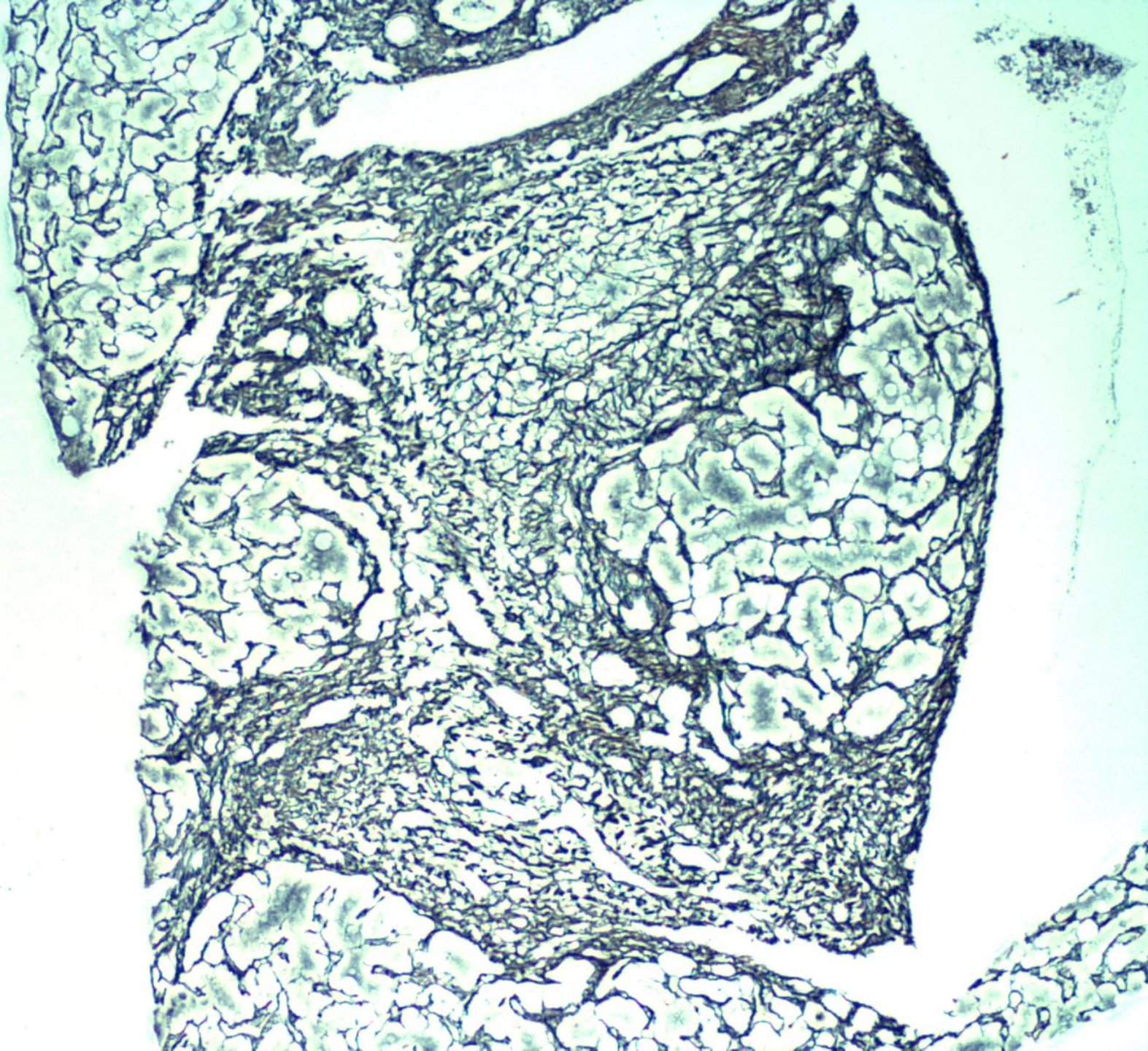

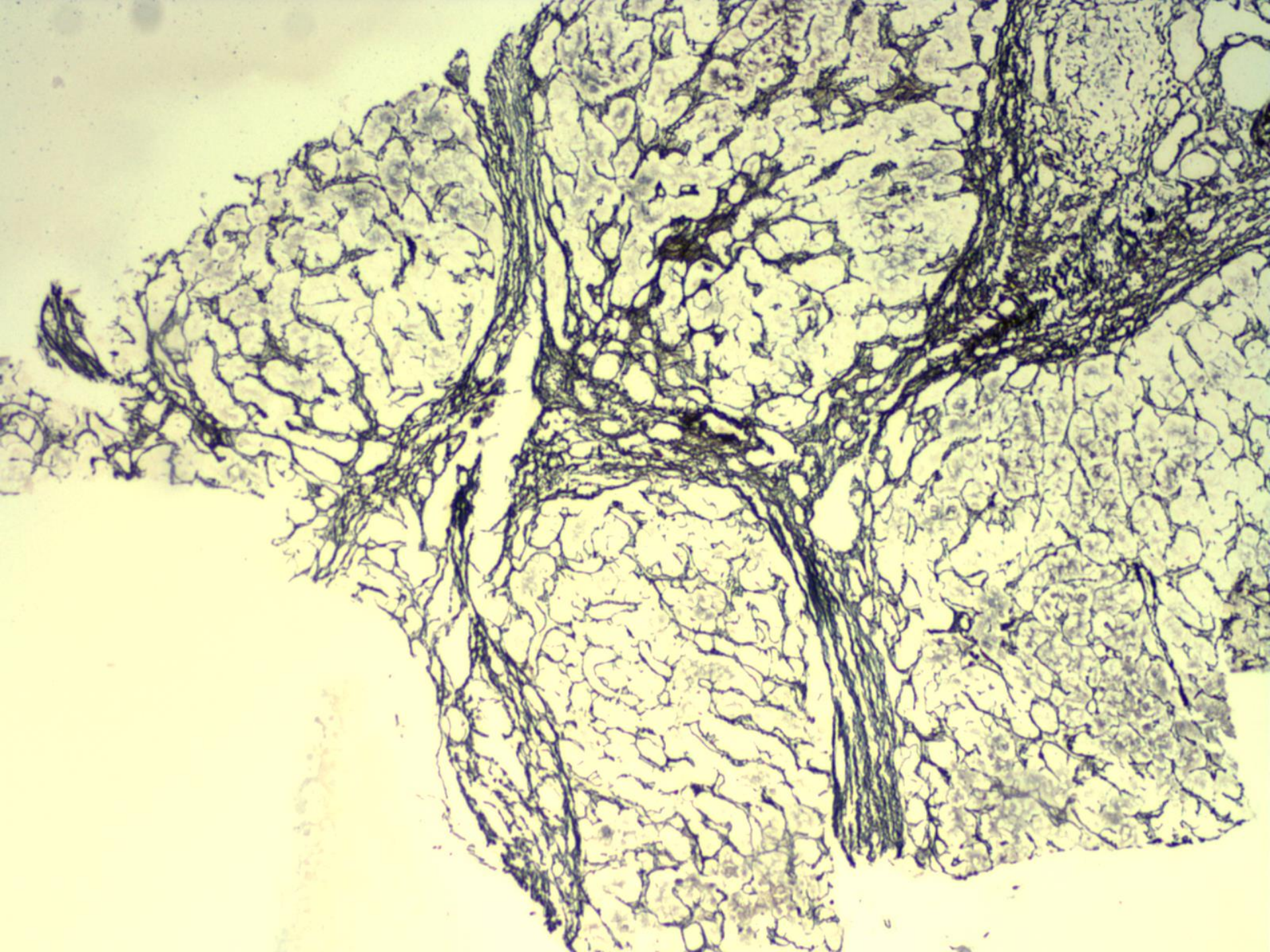

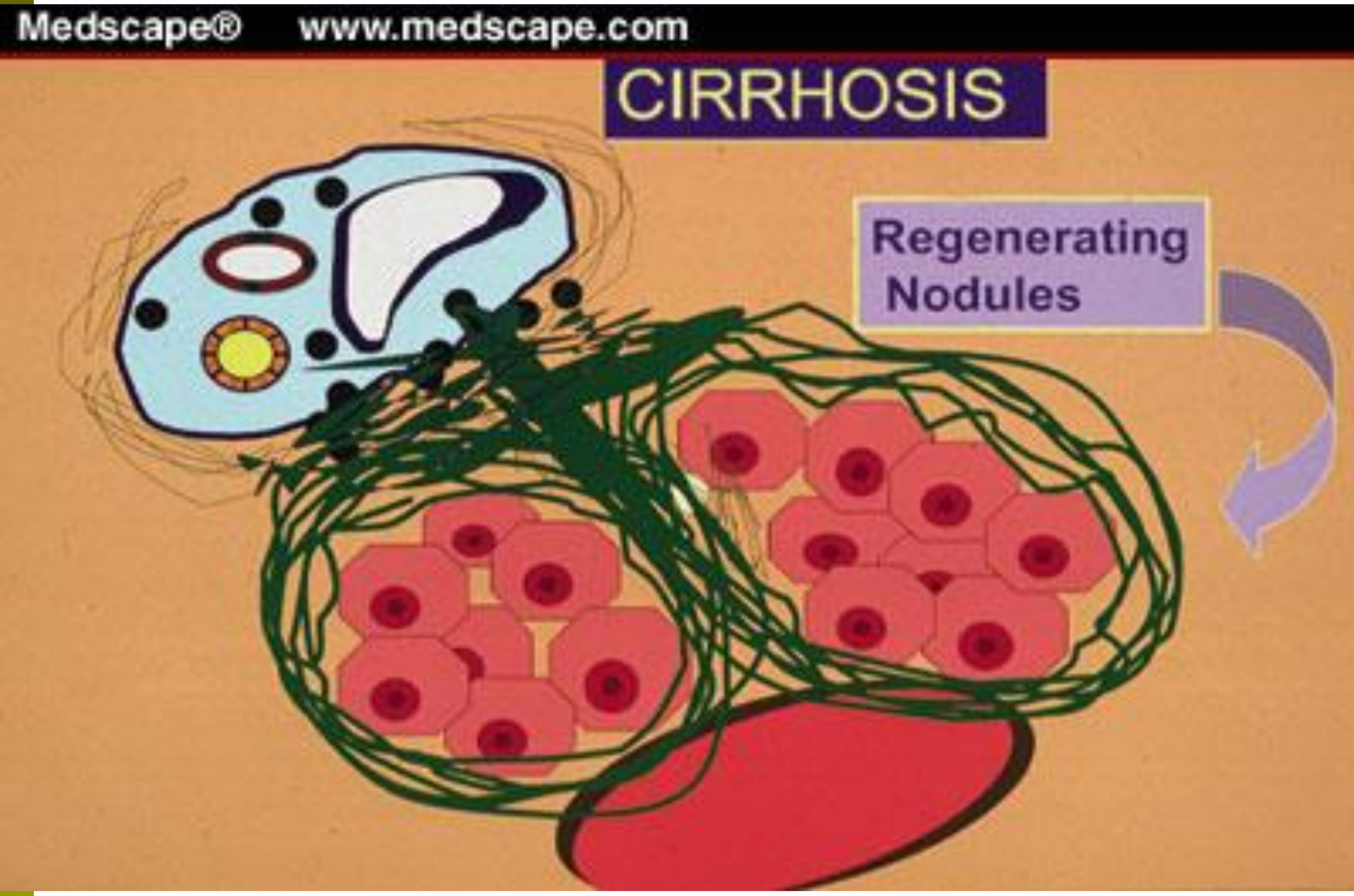
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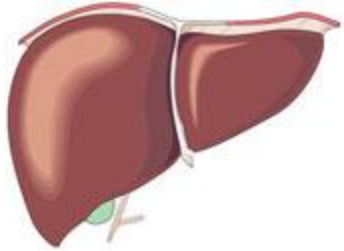

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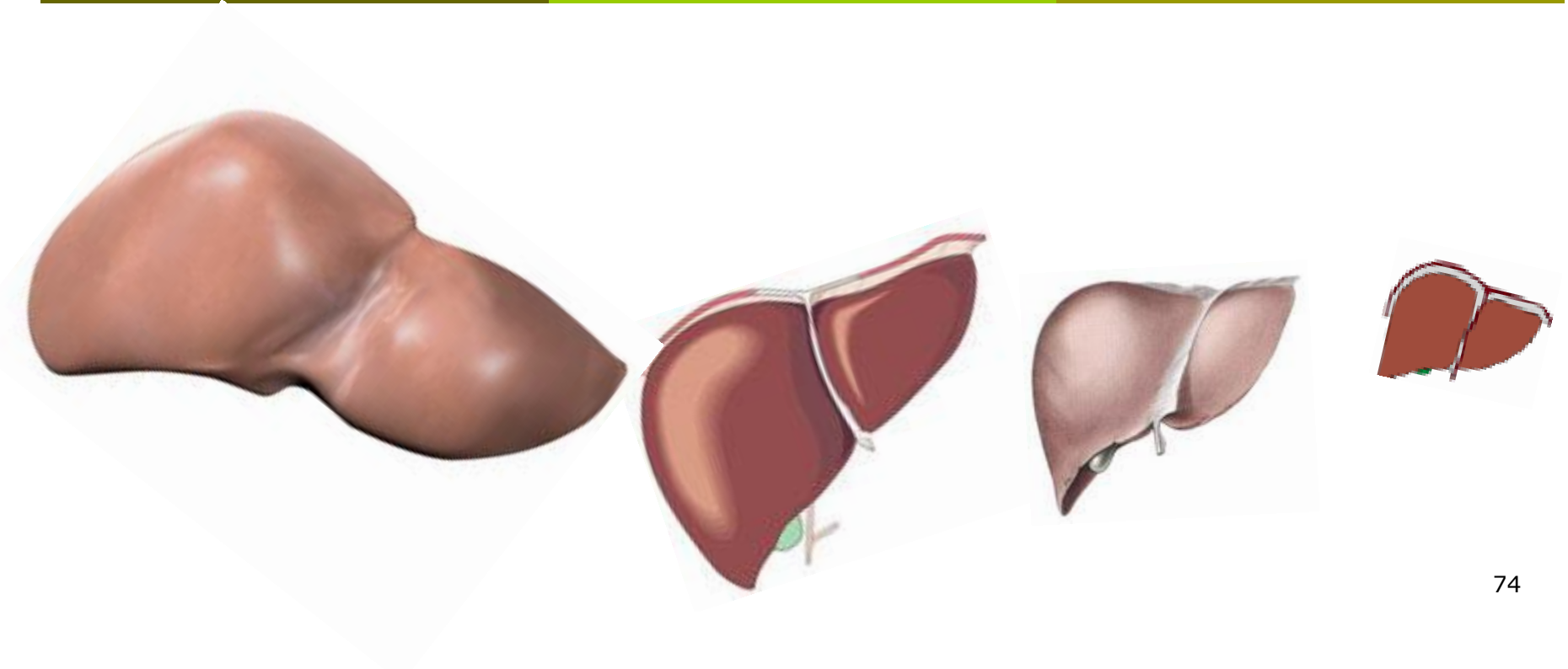

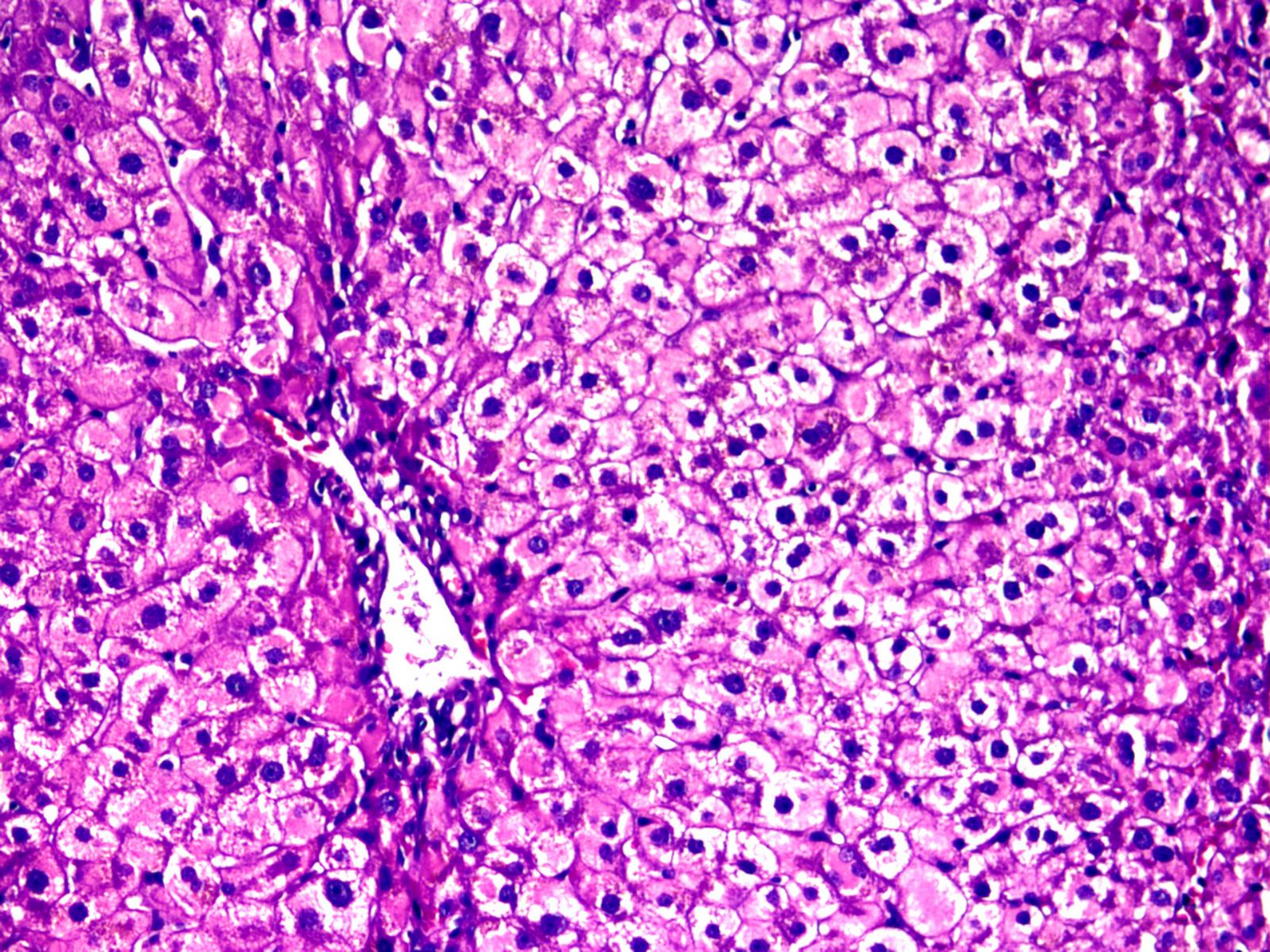

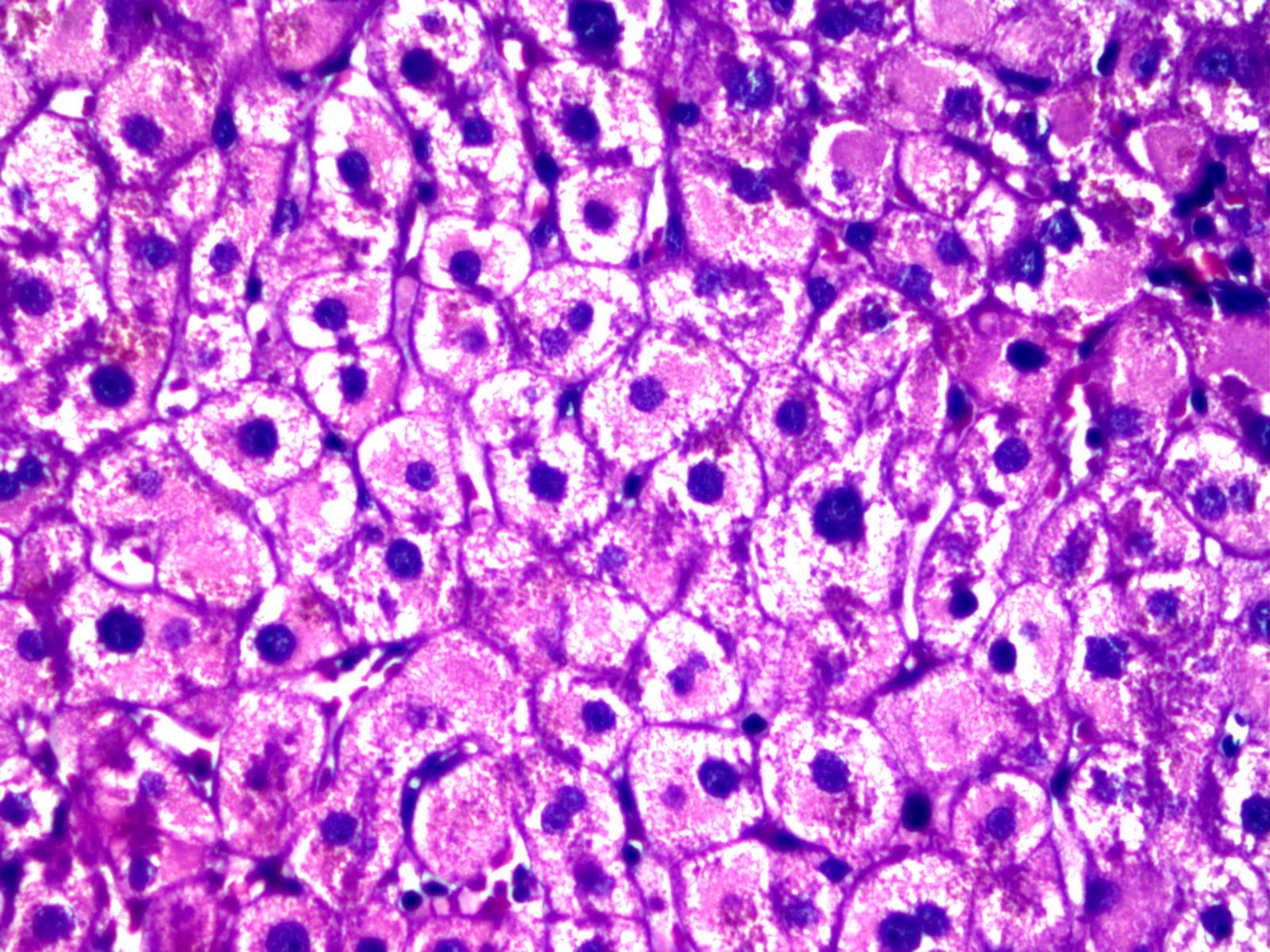

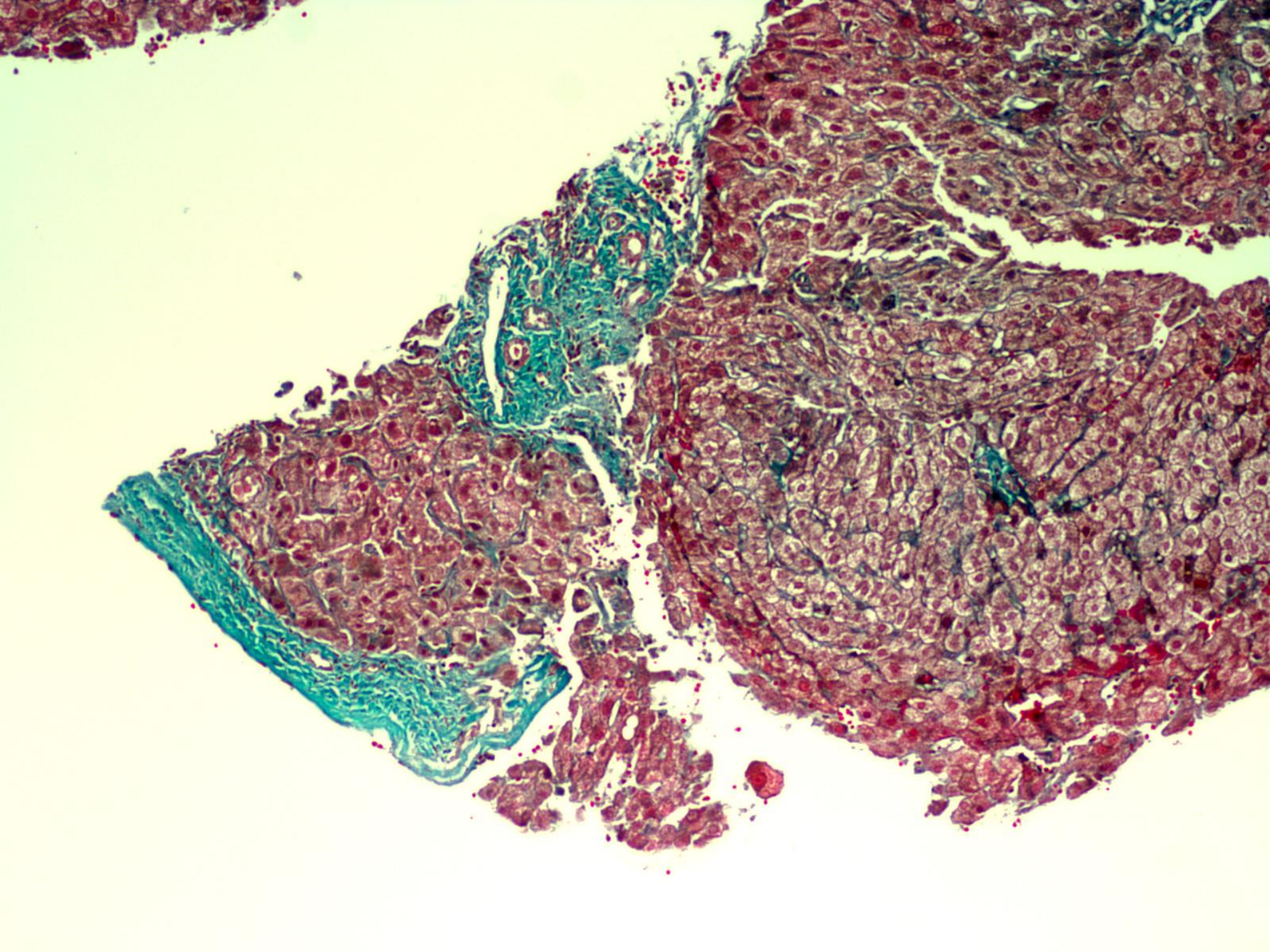

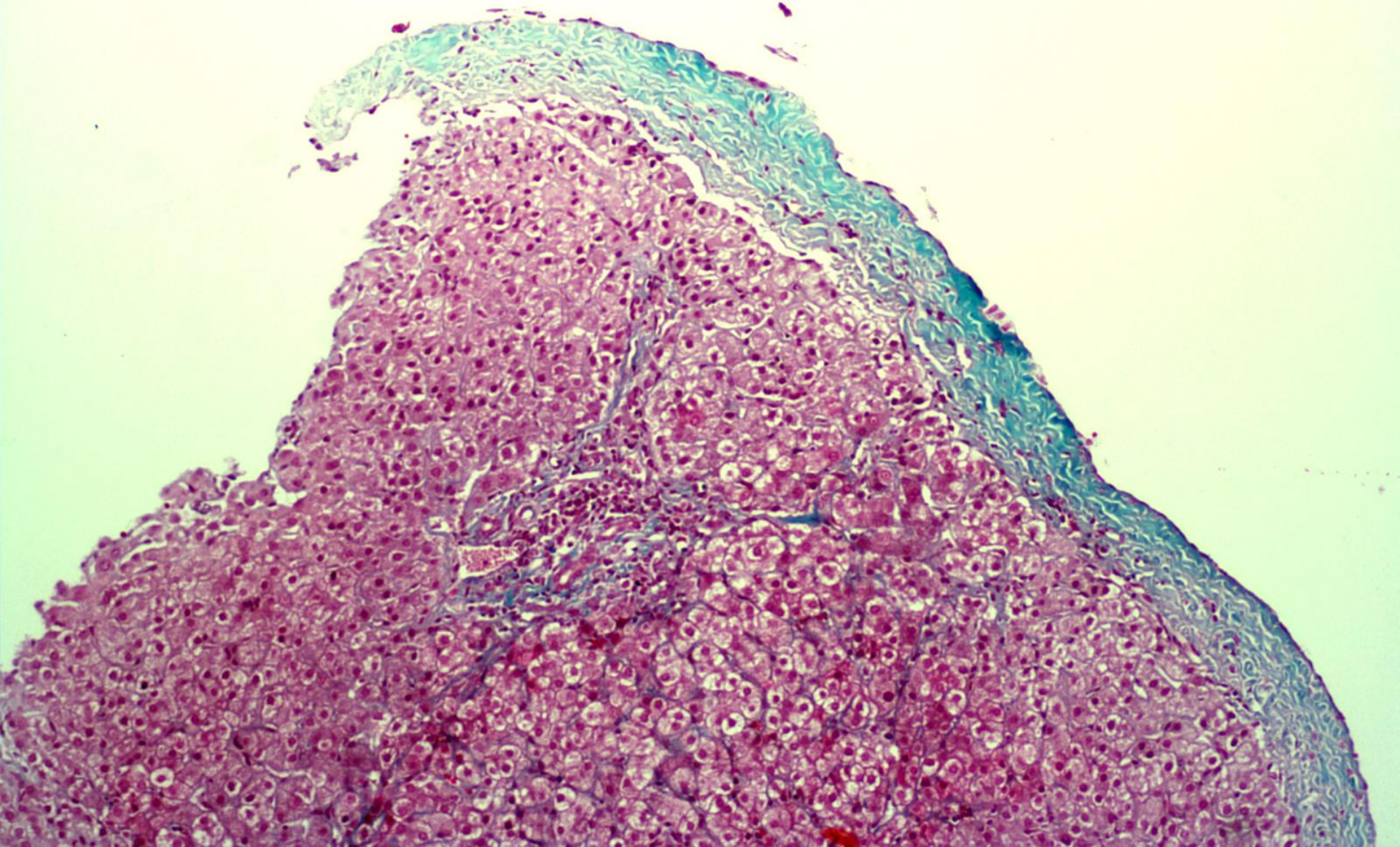

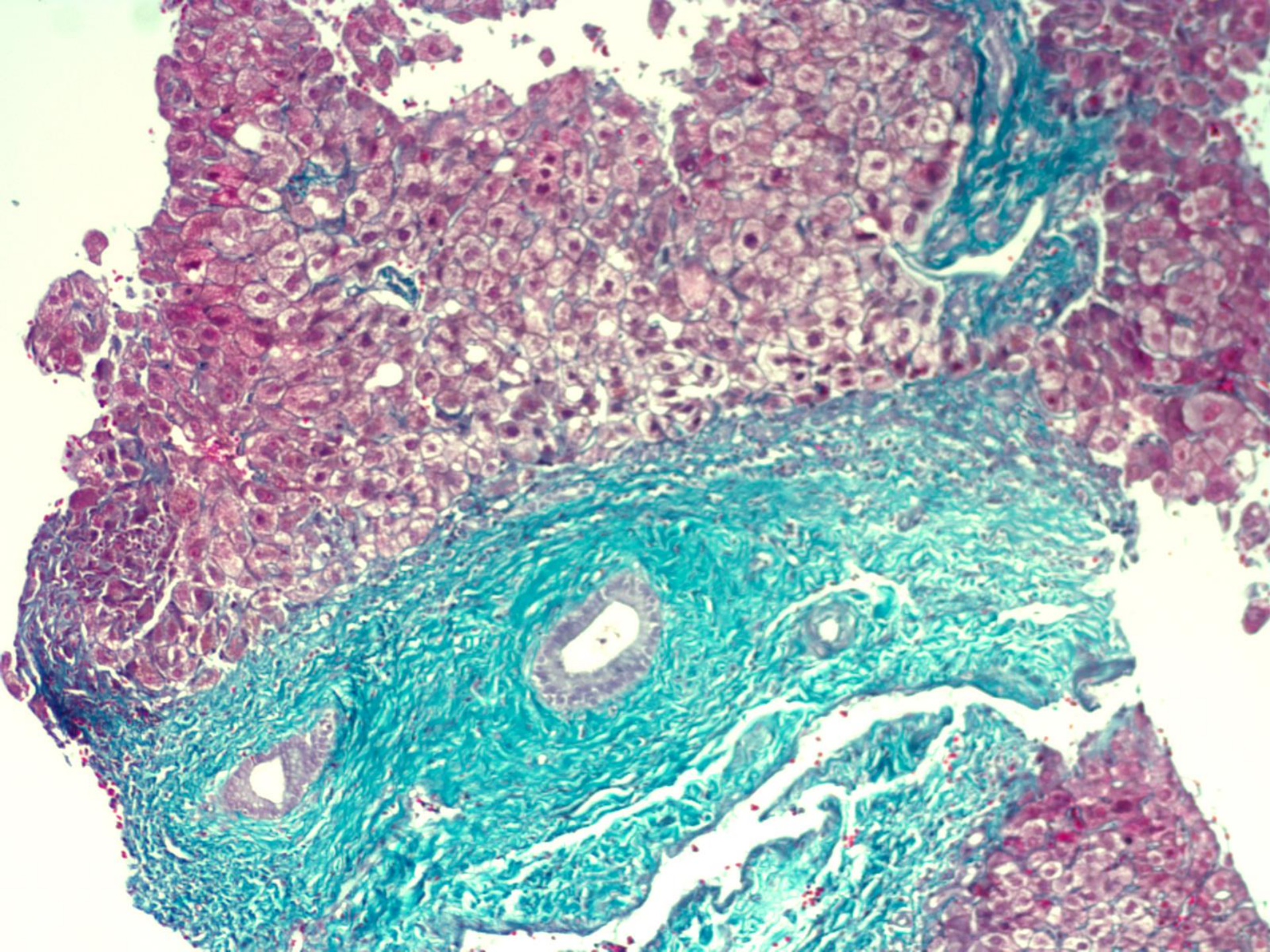

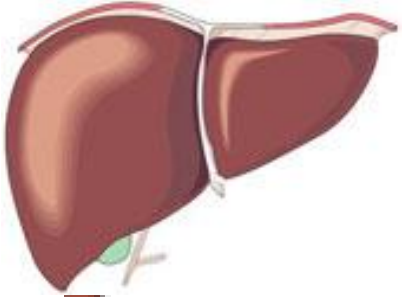

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