



BÖLÜM 56

Pankreas Hastalıklarında Radyolojik Görüntülemenin Yeri

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ÖZET

Pankreas lezyonları konjenital pankreas anomalilerinden, enfeksiyöz patolojilere ve fokal benign- malign pankreas kitlelerine kadar oldukça çeşitlidir. Retroperitoneal yerleşimli pankreasın, batin içerisindeki anatomik lokalizasyonundan ve boyutundan dolayı patolojilerinde fizik muayene ile tanı konulması oldukça zordur. Anamnez, laboratuvar tetkikleri ve uygun görüntüleme yöntemlerinin kullanılması ile doğru tanıya ulaşılabilir.

Pankreas hastalıklarının görüntülenmesi için sıklıkla multimodaliter görüntüleme yöntemleri kullanılmaktadır. Başlıca kullanılan görüntüleme yöntemleri; Düz karın grafisi, Ultrasonografi (US), Endoskopik Ultrasonografi (EUS), Bilgisayarlı tomografi (BT), Manyetik Rezonans Görüntüleme (MRG), Manyetik Rezonans Kolanjiopankreatografi (MRKP) ve Endoskopik Retrograd Kolanjiopankreatografi (ERKP) dir.

Giriş

Pankreas hem endokrin, hemde ekzokrin fonksiyonlara sahip abdominal bir organdır. Pankreas karında derin yerleşimli ve fizik muayene ile ulaşamayan, midenin arkasında, anterior pararenal boşlukta yer alan, duodenal loop ve dalak hilusu arasında sınırlanan retroperitoneal bir organdır(1).Pankreas unsinat proçes, baş, boyun, gövde ve kuyruk olmak üzere bölümlere ayrılır. Pank-

reas kalınlığı yaş ve vücut yapısına bağlı olarak değişiklikler göstermesine rağmen baş kesiminde 2 cm, boyun kesiminde 1 cm den daha az, gövde ve kuyruk kesiminde 1-2 cm olarak gösterilmiştir. Ana pankreatik kanal çapı baş kısmında 3,5 mm gövdede 2,5 mm ve kuyruk kesiminde 1,5 mm olarak gösterilmiştir (2).

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Pankreasın kistik metastazları radyolojik olarak müsinöz kistik neoplazmlardan ayırt edilemez(-Resim 27). Over karsinomu metastazları, daha çok kistik bir kitle olarak karşımıza çıkmakta olup bilinen bir primer malign hastalık öyküsü, diğer metastatik odakların varlığı ile birlikte tanı koy-mada yardımcıdır((57)).

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