

BÖLÜM 9

KASIK FITIKLARININ SINIFLANDIRMASI

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Kasık fıtığı, karın boşluğundaki iç organın kasık kanalından periton kesesi ile birlikte cilt altında bir şişlik oluşturmasıdır(1). Tek veya çift taraflı olabilir.

PATOFİZYOLOJİ

Kasık fıtığı etiolojisinde birçok faktör rol oynar. Kasık fıtıklarının gelişiminde risk faktörleri ikiye ayrılır; yaş ve cinsiyet (2-3) gibi hastanın kendisine ait faktörler(2-3) ve fiziksel olarak zorlayıcı işler gibi eksternal faktörler(4-5).

Hastanın kendisine ait risk faktörleri arasında erkek cinsiyet (erkeklerde kasık fıtığı geliştirme oranı %27), yaşlılık(2-3), patent processus vaginalis(6), kronik obstrüktif akciğer hastalığı, bağ dokusu hastalıkları (7-8)(fasya transversalis gücünü kollajen liflerinden alır). Değişmiş enzim aktivitesine sekonder transversalis fasyasının etkilenmesi sonucunda Ehler-Danlos, Marfan vb gibi bağ dokusu hastalıkları oluşmaktadır.), kollajen metabolizma bozuklukları, karın içi basıncını arttıran durumlar (transversalis fasyası yeterince güçlü olmadığı durumlarda uzun süreli gerilme ve basınca maruz kalırsa fıtıklaşma görülebilir), ailesel yatkınlık (9-10) (bağ dokusu hemostazında rol oynayan fitik genlerindeki aileye özgü

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Tip II: İnguinal duvar sağlamdır. İç halkasının çapı >2cm olan indirek inguinal fıtıklar

Tip III: İnginal duvar zayıflamıştır. İndirek, direk ve femoral fıtıkları kapsar.

Tip IV: Tüm tekrarlayan fıtıklar ve kötüleştirici faktörü bulunan femoral fıtıkları içerir.

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