

BÖLÜM 35

GASTROÖZEFAJİAL REFLÜ HASTALIĞINDA CERRAHİNİN YERİ

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Gastroözefajial reflü hastalığı (GÖRH) uzun bir süredir önemli bir halk sağlığı problemi olarak kabul edilmektedir. Amerika Birleşik Devletleri'ndeki yetişkinlerin üçte ikisi hayatlarının bir döneminde reflü şikayetiyle doktora başvurmuştur (1).

Gastroözefajial reflü hastalığı 'mide içeriğinin reflüsüne bağlı gelişen sıkıntılı semptomlar ve/veya komplikasyonlar' olarak tanımlanmıştır. Burada 'sıkıntılı' ifadesi bireyin sağlığını olumsuz yönde etkileyen semptomlar için kullanılmıştır (2).

GÖRH antireflü bariyerin yetersizliği nedeniyle oluşur (3). Bu durum; bozulmuş alt özefagus sfinkteri (AÖS), mide boşalmasında bozulma ya da yetersiz özefagus peristaltizmi nedeniyle oluşan mekanik bir hastalıktır. Bu anomaliler; sadece mide yanmasından, malignite riskini arttıran veya beraberinde malignite de görülebilen özefagus doku hasarına kadar değişen bir spektrumda semptomlar oluştururlar. Antireflü bariyerin yapısı tam olarak anlaşılammakla birlikte güncel görüş AÖS, diafragmatik kruslar ve frenoözefajial ligamanın kilit rolü olduğu yönündedir (4, 5).

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anterior grupta erken dönemde anlamlı derecede fazlaydı. Özefajit ve rejurjitasyon oranları ise benzerdi. Uzun dönem takipte ise mide yanması, PPI kullanımını ve yeniden ameliyat gerekliliği yine anterior grupta fazlayken, Dakkak disfaji skoru, geçirme zorluğu, gaz ve şişkinlik ile hasta tatmin skorları benzerdi (88).

Cerrahi tedavide tartışma konularından bir tanesi de paraözefajial herni tamirinde fundoplikasyonun gerekli olup olmadığıdır. Bazı yazarlar fundoplikasyon yapılmaya da tamir sonrası reflü görülme sıklığının az olduğunu, fundoplikasyon yapılanlarda ise disfaji sıklığının arttığını ileri sürmektedir. Pratikte ise pek çok cerrah paraözefajial herni tamiri sırasında fundoplikasyon yapmayı tercih etmektedir. Fundoplikasyonun kardiayı diafragmanın altında tutarak rekürrens hızını düşürdüğünü ve hiatus hasarına bağlı reflü görülme sıklığını azalttığını destekleyen yayınlar mevcuttur (89, 90).

Sonuç olarak GÖRH'nda cerrahi tedavi düşük komplikasyon hızına ve medikal tedavi ile benzer maliyet oranlarına sahiptir. Ancak özellikle seçilmiş hasta grubunda medikal tedaviye göre çok daha etkindir.

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