

BÖLÜM

6

# HAVA YOLU OBSTRÜKSİYONLARI

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**Vaka 1:** Atalektazi

**Vaka 2:** Yabancı cisim aspirasyonu

**Vaka 3:** Kistik fibrozis

**Vaka 4:** Astım

**Vaka 5:** Bronşiyolitıs obliterans

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## Tuzaklar

Mozaik atenüasyon farklılığı yamalı interstisyel hastalıkta, obliteratif küçük hava yolu hastalığında, oklüziv vasküler hastalıkta (kronik tromboemboli) olabilir. Hava yolu ve vasküler mozaik atenüasyon ayırımını yapmak zor olup, eşlik eden bulgulara bakmak gerekir (39). Obliteratif bronşiyolitte bronş ve damar duvarının kalınlaştığı alanda coğrafik keskin sınırlı patolojik lüsenzi görülür.

Ayrıca kortikosteroid tedavisi ile tamamen düzelen klinik-patolojik bir durum olan kriptojenik organize pnömoni (KOP) ile karıştırılmamalıdır (31).

## Tedavi ve Yaklaşım

Tedavi altta yatan nedene yöneliktir. Nakil olan hastalar nakil tekrarı, ek olarak immün süpresif ve sitotoksik ajanlar, antireflü tedavileri, gerekirse inhaler bronkodilatatörler ve oksijen ile semptomatik tedavi uygulanmaktadır (40).

Prognoz kötü olup mortalite yüksektir (40).

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