BÖLÜM 10

SPLENOMEGALİ VE DALAK LEZYONLARI

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Ayırıcı Tanı

Ayırıcı tanısında Heterotaksi aspleni sendromu ve Situs inversus polispleni birlikteliği yer alır.

Önemli Noktalar

PS birden fazla dalağa abdominal, kardiyak, vasküler ve toraks anomalilerinin eşlik ettiği doğumsal anomalidir (28). Olgular çoğunlukla farklı sebeplerle yapılan radyolojik tetkikler esnasında insidental olarak tanı alırlar (29). Kardiyak anomalilere sahip olgular sıklıkla erken çocukluk yaşlarında ölmektedir.

PS'de en sık saptanan bulgu batında birden fazla dalak olmasıdır (30). VCI'nın suprarenal kesiminin yokluğu ikinci sıklıkla izlenen bulgu olup, infrarenal VCI retrokrural yerleşimli genişlemiş azigos ya da hemiazigos ven ile devamlılık göstererek sağ atriyum yerine vena cava süperiyora boşalır. Transhepatik portal ven, preduodenal portal ven, süperiyor mezenterik arter orijinli hepatik arter ve sirkumaortik renal ven ve PS'de izlenebilen diğer vasküler anomalilerdir. Kardiyak anomaliler, torasik izomerizim, intestinal veya biliyer atrezi, karaciğer yerleşim anomalileri, anüler ve kısa pankreas PS'de görülebilecek diğer anomalilerdir (31).

Tuzaklar

PS tek başına tanı koydurucu olmayan birçok anomalinin eşlik ettiği bir sendromdur.

Tedavi ve yaklaşım

Tedavi semptomlara yönelik olup medikal ve cerrahi tedaviyi içerir.

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