

Bölüm 20

ALT ÜRİNER SİSTEM TRAVMALARINA YAKLAŞIM VE YÖNETİM (MESANE, PROSTAT, ÜRETRA, PENİS, SKROTUM, TESTİS)

Fethi Ahmet TÜREGÜN¹

Travma, her yıl yaklaşık beş milyon ölüme neden olarak dünyadaki tüm ölümlerin %10'unu oluşturmaktadır (1,2). Bu ölümler çoğunlukla 15-45 yaş arasında ve erkeklerde daha çok görülmektedir (3). Travma nedenlerinde motorlu taşıt kazaları ve kişilerarası şiddet ön sıralarda gelmektedir. Travmaların yaklaşık %10'unda (en çok yaralanan organ böbrek olmak üzere) genitoüriner sistem etkilenmektedir. Ürolojik travma sıklıkla çoklu travma geçirmiş hastada ciddi yaralanmalarla ilişkilidir (4). Dolayısıyla çoklu travmada en iyi bakım, deneyimli bir travma cerrahının başkanlığında uzmanlardan oluşmuş bir ekiple yapılmalıdır.

MESANE

Mesane travması temel olarak yaralanmanın konumuna göre intraperitoneal, ekstraperitoneal ve kombine intraperitoneal olarak sınıflandırılır (5). Mesane travması etiyolojik açıdan ise iyatrojenik olmayan (künt ve delici) ve iyatrojenik (dış ve iç) olarak kategorize edilir.

Epidemiyoloji ve Etiyoloji

Mesane yaralanması karın alt tarafı pelvise yönelik künt ve delici travmalar sonucunda olur. En sık görülen künt mesane yaralanmasının nedeni motorlu taşıt kazalarıdır, bunu düşmeler ve diğer kazalar izlemektedir. Künt mesane yaralanması olan hastaların çoğunda beraberinde pelvik kırıklar (% 60-90) ve diğer karın içi yaralanmalar (% 44-69) görülmektedir (6,7). Pelvik kırık vakalarının % 3.2-3.6'sında mesane yaralanması eşlik etmektedir (8,9). Mesane yaralanması vakalarının ise %5-20'sinde üretral yaralanma da görülmektedir.

Farklı serilerde görülen yaralanma insidansları ekstraperitoneal % 22-61 ve intraperitoneal % 39-66 oranları arasında değişmektedir (10). Ekstraperitoneal yaralanma (**şekil 1**) neredeyse her zaman pelvik kırıklarla ilişkilidir (7,11). Mesane hasarı riskinin en yüksek olduğu durumlar; pelvik halkanın > 1 cm ayrılması, simfizis pubiste > 1 cm olan ayrışma ve ramis pubis kırığıdır (8,12). İntraperitoneal yaralanma; şişkin bir mesanenin, pelvise veya alt karına bir darbeye sekonder intravezikal basıncının ani yükselmesiyle oluşur (**şekil 2**). Mesane kubbesi mesanenin en zayıf noktasıdır ve genellikle yırtıklar kubbede meydana gelir (12).

¹ Üroloji Uzmanı, Özel Güney Hastanesi, f.ahmet05@hotmail.com

ortaya çıkmakta ve yüksek oranda orşiektomiye giden sonuçlar ortaya çıkmaktadır (66,70,71). Testiküler yırtılma durumunda ise nekrotik testis tübülleri eksize edilerek tunika albuginea 3/0 emilebilir sütürlerle tamir edilmelidir. Yoğun intratestiküler hematoma olan vakalarda tunika albuginea sağlam olsa bile erken eksplorasyon ve hematoma boşaltılarak basıncın ortadan kaldırılması önerilmektedir.

Penetran testiküler yaralanmalarda cerrahi eksplorasyon yapılır. Kanlanmayan yapılar debride edilir. Testis yaralanması varsa tamir yapılır ve skrotum cildi primer olarak onarılır.

Komplikasyon

Genital travmalarda yüksek oranda psikolojik etkiler, erektil disfonksiyon, üretra darlığı ve infertilite görülebilmektedir. Testis yaralanmalarında kronik ağrı ve testis atrofisi görülebilir. Genital travmalar genellikle yaşamı tehdit etmez ancak infertilite ve testesteron üretimi ile ilgili dönemlerde en büyük sorunlardan biri olur (72).

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