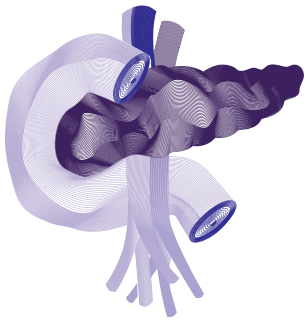
Bölüm 19

Benign Pankreas Hastalıklarının Tanısında Endoskopik Yöntemler



Anıl ERGİN[1]

Giriş

Embriyolojik olarak 4 ve 7. Haftalar arasında gelişen pankreası, birbirine zıt yerleşimli ve endoderm kaynaklı iki adet tomurcuk oluşturmaktadır (1). Birbiriyle bağlantısız olarak gelişimini tamamlayan bu iki tomurcuk ventral ve dorsal tomurcuk olarak adlandırılmaktadır. Dorsal tomurcuk distal pankreası oluştururken, ventral tomurcuk karaciğer, safra kesesi, safra yolları ve ventral pankreası oluşturmaktadır (2). Ventral ve dorsal pankreasın bu farkının bilinmesi Endoskopik Ultrasonografi (EUS) görüntülerinde ekojenite farkı yaratabileceğinden mutlaka akılda tutulmalıdır.

Pankreas yaklaşık 75-100 gram ağırlığında, 15-20 cm uzunluğunda retroperitoneal bölgede yerleşimli, anatomik ve fonksiyonel olarak özellikli bir organdır. Midenin arkasında, duodenum ile dalak arasında uzanır. Unsinat proçes, baş, korpus ve kuyruk olmak üzere 4 ana bölümden oluşmaktadır. Pankreasın arkasında splenik ven, abdominal aorta, sol böbrek ve böbrek üstü bezi yer alır. Pankreas başının beslenmesi arteria pankreatikoduodenalis süperior ve arteria pankreatikoduodenalis inferior ile sağlanırken, korpus ve kuyruk kesimi splenik arterden gelen dallar tarafından beslenir. Venöz drenaj ise arterlere paralel venler ile gerçekleşir.

[1] Uzm Dr, Sağlık Bilimleri Üniversitesi İstanbul Fatih Sultan Mehmet Eğitim ve Araştırma Hastanesi Genel Cerrahi, dranilergin@gmail.com

Trombosit sayısının 50.000 hücre/ml' den düşük olması ve INR düzeyinin 1.5' den yüksek olması EUS rehberliğinde biyopsi uygulaması için rölatif kontraendikasyon sayılmaktadır. Yeni malignite tanısı alma, daha önceki ameliyatlar nedeniyle anatomik değişiklik bulunan gastrointesitnal kanal veya hedefe ulaşmayı engelleyecek tıkanıklıklar da rölatif kontraendikasyon sayılabilmektedir (82, 83, 90).

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