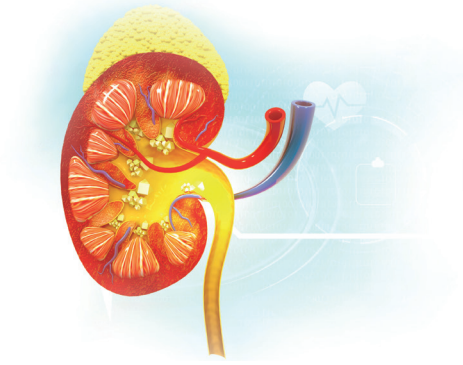
BÖLÜM 2



ÜRİNER SİSTEM TAŞ HASTALIĞINDA TANISAL DEĞERLENDİRME

Kenan Yiğit YILDIZ[1]

GİRİŞ

Taş hastalığı tanısı, hikâye ve fizik muayeneden çeşitli görüntüleme yöntemlerine uzanan; klinik pratikte kısa sürede değerlendirme sağlanmakla birlikte, içerisinde önemli ipuçları ve detaylar barındıran bir süreçtir.

HİKÂYE VE FİZİK MUAYENE

Değerlendirme ilk olarak hasta hikâyesi ile başlar. Hastanın aile öyküsünün alınması tıbbi geçmişinin irdelenmesi, ek hastalıklarının değerlendirilmesi önemlidir. Hiperparatiroidi, Gut Hastalığı, Diyabet, Renal Tübüler Asidoz Tip1 gibi hastalıkların yanı sıra ekzojen vitamin C, D, Kalsiyum, Magnezyum, yoğun oksalat içerikli besinlerin kullanımı değerlendirilmelidir. Hastanın kullandığı loop diüretikleri, laksatifler, karbonik anhidraz inhibitörü vb. ilaçların taş oluşumuna predispozan olabileceği unutulmamalı ve kullandığı ilaçlar gözden geçirilmelidir (1). Özellikle soliter böbrekli, kronik böbrek hastalığı olan ve piyelonefrit şüphesi olan ya da bilateral obstrüksiyon şüphesi olan hastalarda hızlıca tanı koymak önemli yer teşkil etmektedir. Hastalar genellikle tipik bir lomber ağrı ile başvururlar. Bulantı, kusma, ateş, pelvik ağrı, hematüri, dizüri gibi şikâyetler eşlik edebilir (2).

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