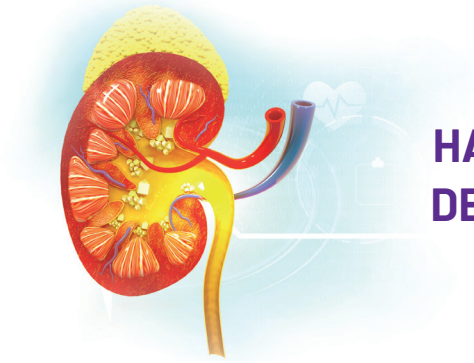
BÖLÜM 3



ÜRİNER SİSTEM TAŞ HASTALIĞINDA METABOLİK DEĞERLENDİRME, DİYET VE MEDİKAL TEDAVİ

Sait BİÇER[1]

GİRİŞ

Üriner sistem taş hastalığı; gelişmiş toplumlarda yaşam boyu %10-15 oranında görülen, sık karşılaştığımız bir hastalıktır (1). Altı büyük retrospektif çalışmadan yapılan bir derlemede, böbrek taşlarının doğal kümülatif nüks oranının ilk bir yılda %14,5, beş yılda %35, on yılda %52 olduğu gösterilmiştir (2). Yine Avrupa Üroloji Birliği (EAU) 2022 kılavuzunda taş formasyonları için risk faktörlerinden bahsederken yakın zamanda yapılan bir derlemede, ilk defa taş oluşturan hastalarda %26 oranında tekrarlama sıklığı gözlendiği belirtilmiştir (3). İlk defa taş oluşturan hastaların tekrar taş oluşturma riskinin zamanla artmakta olduğu gözlenmiştir. Bu da bu hastalarda genel popülasyona göre metabolik bir değerlendirme gerekliliğini ortaya koymuştur.Taşın bileşimi ileri tetkik ve tedavi aşamasında yol gösterici olmaktadır. Sıklıkla gözlenen taş bileşenleri aşağıdaki Tablo 1'de EAU kılavuzları doğrultusunda ele alınmıştır (4).

TAŞ ANALİZİ KİME VE NE ZAMAN YAPILMALI

Hastanın öyküsü, fizik muayenesi ve tetkikleri sonucu hastanın düşük ya da yüksek risk gruplarından hangisine girdiğine karar verilmelidir. Düşük veya yüksek risk grubu fark etmeksizin tüm taş hastalarına temel inceleme için idrar

[1] Uzm. Dr., Çankırı Devlet Hastanesi Üroloji Kliniği, saitbicer@hotmail.com

Bilinmeyen yapıda taşı olan hastaların değerlendirmesinde yapılacak araştırmalar için öneriler (EAU 2022 Kılavuzu) (4)

Öneri		Öneri Düzeyi
Araştırma	**Araştırma endikasyonu**	
Tıbbi öykü alınmalıdır.	• Taş öyküsü (eski taşlar, aile öyküsü) • Diyet alışkanlıkları • İlaç kullanımı	Güçlü
Tanısal görüntüleme yapılmalıdır.	• Taş şüphesinde USG • Kontrastsız spiral BT • Hounsfield skalası kullanılarak olası taşın kompozisonu hakkında bilgi edinilebilir	Güçlü
Kan analizi yapılmalıdır.	• Kreatinin • Kalsiyum (iyonize kalsiyum veya total kalsiyum + albümin) • Ürik asit	Güçlü
İdrar analizi yapılmalıdır	• İdrar pH profili (her işemeden sonra, günde en az dört ölçüm) • Dipstick testi: lökosit, nitrit, protein, idrar pH'ı, özgül ağırlık • İdrar kültürü • İdrar sedimentinin mikroskobik incelemesi (sabah idrarı) • Siyanid nitroprussid testi (sistin taşının dışlanması) İleri araştırmalara ihtiyaç olup olmadığı yukarıda sıralanan sonuçlara bağlıdır.	Güçlü

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