

# Bölüm 5

## KARACİĞER VE NÜKLEER TIP

**Fadime DEMİR<sup>5</sup>**

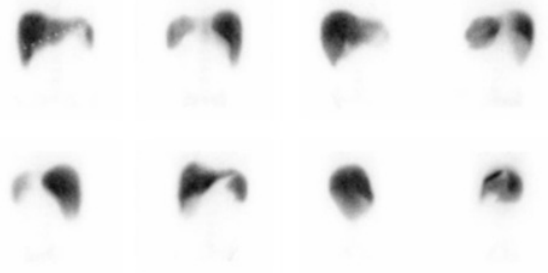
### GİRİŞ

Karaciğerde nükleer tıp uygulamalarını iki grupta inceleyebiliriz. Bunlardan ilki tanı amaçlı kullanılan sintigrafik görüntüleme yöntemleridir. İkinci grupta ise tedavi amaçlı kullanılan nükleer tıp yöntemleri yer alır. Tanı amaçlı kullanılan sintigrafik görüntüleme yöntemleri arasında; karaciğer-dalak sintigrafisi, Teknesyum-99m (<sup>99m</sup>Tc) işaretli eritrosit sintigrafisi ve onkolojik amaçlı uygulanan 18F- Fluorodeoksiglukoz Pozitron Emisyon Tomografi/Bilgisayarlı Tomografi (<sup>18</sup>F-FDG PET/BT) görüntülemesi yer alır. Tedavi amaçlı kullanılan nükleer tıp yöntemi ise Selektif internal radyonüklid terapi (SIRT)'dir.

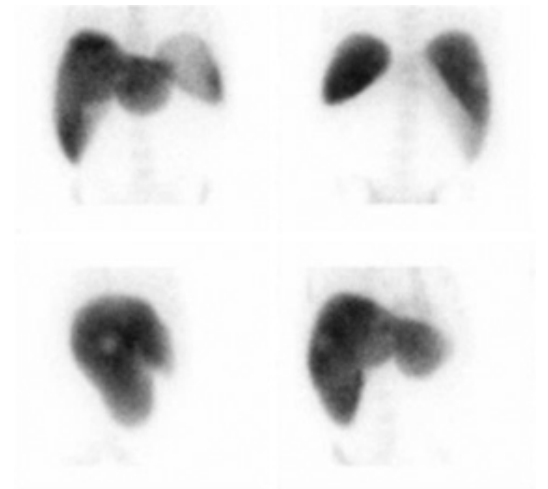
### KARACİĞER-DALAK SİNTİGRAFİSİ

Karaciğer-dalak sintigrafisi karaciğerde yer kaplayıcı lezyonların belirlenmesinde ve karaciğerin fonksiyonel rezervinin belirlenmesinde kullanılan bir sintigrafik görüntüleme yöntemidir (1, 2). Karaciğer-dalak sintigrafisinde kullanılan radyofarmasötik <sup>99m</sup>Tc sülfür kolloiddir. Kullanılan radyofarmasötik dozu erişkinde 4-6 mCi (150-220 MBq/kg), çocuklarda ise 0.04-0.06 mCi (1.5-2.2MBq/kg)'dir. Enjeksiyondan 10-15 dk sonra, 300.000-500.000 sayımlık görüntüleme yapılır (Şekil 1). Karaciğerdeki çoğu fokal lezyon karaciğerden daha az aktivite tutulumu gösterir (Şekil 2). Karaciğerle eş yada artmış tutulum gösteren lezyonlar ön planda fokal nodüler hiperplaziye dü-

şündürmektedir. Karaciğer disfonksiyonunda ise radyofarmasötik tutulumu karaciğere göre göreceği olarak dalak ve kemik iliğinde artar (3) (Şekil 3).



**Şekil 1.** Normal bulgular izlenen <sup>99m</sup>Tc sülfür kolloid görüntülemesi (4)



**Şekil 2.** Hepatik hemanjiyom tanılı hastanın sağ lobda <sup>99m</sup>Tc sülfür kolloid tutulumu olmayan defektif fokal alan izlenen <sup>99m</sup>Tc sülfür kolloid görüntülemesi (4)

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