

BÖLÜM

3

ÜRETER VE TOPLAYICI SİSTEM

Tuğba İlkem KURTOĞLU ÖZÇAĞLAYAN¹

Vaka 1: Staghorn kalkül

Vaka 2: Renal pelvisin transizyonel hücreli karsinomu (papiller tip).

Vaka 3: Üreteropelvik bileşke obstrüksiyonu

Vaka 4: Bilateral üreterosel

Vaka 5: Mesane taşı

Vaka 6: Mesane karsinomu

Vaka 7: Pelvis fraktürü, mesane rüptürü

Vaka 8: Üretra yaralanması

Vaka 9: Enfekte urakal kist

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santral komponentinin kapanmayarak içi sıvı dolu kist şeklinde sebat etmesidir. Sıklıkla asemptomatik olup, enfekte olduğunda veya içine kanadığında semptomatik hale gelir. Urakal apse de en sık patojenler Staphylococcus, E. coli, Pseudomonas ve Streptococcus'dur (35,36).

Tuzaklar

Hem enfekte urakal kist hem de adenokarsinom USG'de yüksek ekojeniteli ve BT'de kalın duvarlı ve yüksek dansiteli izlendiği için, görüntüleme yöntemleri ile birbirlerinden ayırmak zordur (37).

Tedavi ve yaklaşım

Enfekte urakal kistin tedavisi intravenöz antibiyoterapi ve kistin cerrahi olarak eksizyonudur. Perkütan drenaj tekrarlama riski yüksek olduğu için tercih edilmez (38).

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