

Bölüm 15

DALAK TRAVMALARI

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GİRİŞ

Splenik yaralanmaların olduğu travmalarda %20-40 cerrahi gerekmektedir. Açık cerrahi halen bu konuda lider konumdadır. Acil cerrahi hemodinamik instabilitede, pozitif peritoneal sitolojisi olan, ultrasonografi ile intraabdominal anlamlı derecede mayisi olan hastalarda endikedir. Non-operatif tedavi seçeneklerinin başarısının artması ile splenik travmanın yönetimi son yıllarda değişmiştir. Dalığın -özellikle çocuklardaki- işlevlerinin öneminin kavranmasıyla birlikte dalak koruyucu işlemler daha da önem kazanmıştır. Splenik yaralanmalar hastaneye geç ulaşma, hematoma rüptürü veya psödoanevrizma rüptürü nedeniyle erken veya geç dönemde ölümcül olabilir (1). Splenektomi sonrası geç komplikasyonlar arasında enfeksiyonlar ve diğer sebepler yer almaktadırlar.

ETYOLOJİ

Dalak yaralanması daha çok motorlu araç kazalarında (sürücü,yolcu ve yaya) görülür. Spor aktiviteleri, düşme ve künt travmaya neden olan saldırılar sonucu da sıklıkla görülür. Penetran travmalar daha az sıklıkla görülür. Ateşli silahla yaralanma ile karşılaştırıldığında bıçakla yaralanma dalığın konumu ve yerleşimi açısından daha az sıklıkla ortaya çıkar.

İyatrojenik travmatik yaralanmalar endoskopi veya cerrahi sırasında kolon, mide pankreas gibi organların disseksiyonu sırasında veyahut proksimal abdominal aortaya müdahale sırasında ortaya çıkabilir. Sıklıkla kolon manipülasyonu sırasında traksiyon sonucu, laserasyon, kapsüler bozulma ile kendini gösterir (2). NIS(national inpatient sample) tarafından yapılan bir çalışmada kolon rezeksiyo-

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