Bölüm
5

KARIN AĞRISINA RADYOLOJİK YAKLAŞIM YÖNTEMLERİ

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GİRİŞ

Radyoloji bilimi Alman Fizik Profesörü Wilhelm Conrad Röntgen'in 1895 yılında X-ışınlarını keşfi ile başlamış, hemen akabinde tıbbi amaçlı, tanı ve tedavide kullanılmaya başlamıştır. Her geçen gün artan öneme sahip olan radyolojinin temel yöntemi halen röntgendir. Bunun yanı sıra ultrasonografi (US), bilgisayarlı tomografi (BT) ve manyetik rezonans görüntüleme (MRG) gibi farlı modaliteler kullanılmaktadır (1).

Karın ağrısı acil departmanlarda ve poliklinik şartlarında oldukça sık karşılaşılan klinik tablodur ve neredeyse her insanı, yaş, cinsiyet ve sosyal durumdan bağımsız olarak yaşamı boyunca en az bir kez etkilemektedir (2). Karın ağrısı etyolojisinde kendini sınırlayan durumlardan hayatı tehdit edebilecek durumlara kadar sayısız nedenler sıralanabilmektedir (2-4). Hasta öyküsü, fizik muayene bulguları ve laboratuvar testlerinin tanıda yetersiz kaldığı durumlarda radyolojik görüntüleme modaliteleri öne çıkmaktadır (4). Karın ağrısıyla başvuran olgularda detaylı fizik muayene ve laboratuvar verilerinden sonra radyolojik tanı algoritmalarına göre, uygun görüntüleme modalitesi seçilir ve gerekli olgularda alternatif-tamamlayıcı farklı modalitelere ihtiyaç duyulabilir. Klinik antiteye göre, doğru radyolojik modalitenin seçilmesi veya alternatiflerinin sıralanmasına radyolojik tanı algoritmi denilmektedir ve görüntüleme gereken olgularda bu tanı algoritmaları önem arz etmektedir. Radyolojik tanı

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alternatiftir. Direkt grafi BT'ye erişilemediği durumlarda obstrüksiyon, perforasyon, üriner sistem taşları ve yabacı cisim değerlendirmelerinde kıymetlidir. MR inceleme safra kanallarını değerlendirmede ve pyelonefritte öne çıkmaktadır ayrıca gebe olgularda US incelemenin en iyi alternatifidir.

Anahtar Kelimeler: karın ağrısı, direk grafi, ultrason, bilgisayarlı tomografi, manyetik rezonans görüntüleme

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