Bölüm
8

MİDE, DUODENUM VE İNCE BARSAK PERFORASYONLARI

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GİRİŞ

Helicobacter pylori' nin tanınması ve tedavisinin yanısıra, nonsteroid antiinflamatuar ilaçların ve asit hipersekresyonunun farmakolojik tedavisinde kullanılan ilaçların giderek artan kullanımlarına bağlı olarak gastroduodenal perforasyonların nedeni ve tedavisi son yıllarda değişmiştir (Şekil 1) (1). Son yıllarda helicobacter pylori eradikasyonu sebebiyle, komplikasyon gelişmemiş peptik ülser hastalığı görülme oranı azalmış olmasına karşın, peptik ülsere bağlı komplikasyon (hemoraji, perforasyon, obstrüksiyon) gelişme oranlarında herhangi bir değişiklik olmamıştır (2). Bu kısmen, özellikle yaşlı hastalarda non-steroid antiinfamatuar ilaçların ve/veya aspirinin artan kullanımına bağlıdır.

Peptik ülsere bağlı perforasyon günümüzde halen hastenelerin acil kliniklerine yapılan başvuruların önemli bir kısmını oluşturmakta ve acil cerrahi müdahalelerin en sık sebeplerinden bir tanesidir (3). Türkiye'de peptik ülsere bağlı perforasyon (%2-%10), peptik ülsere bağlı diğer komplikasyonlar olan hemoraji ve obstrüksiyondan daha fazla oranda meydana gelir ve peptik ülser hastalığına bağlı mortalitenin %70' den çoğunun sebebidir (2).

İlaç tedavisi ile ülser nüksünün azalmasının sonucu olarak gastroduodenal perforasyonlu hastalara cerrahi yaklaşım son 30 yıldır değişmiştir ve ülser cerrahisi artık çok nadiren uygulanmaktadır (4, 5). Perfore peptik ülserlerin çoğu duodenumun birinci kısmında (%35-65), %25-45' i pilorda ve %5-25 ise midede yerleşir (6-9).

ETİYOLOJİ

Gastroduodenal perforasyonlar peptik ülser hastalığı, travma, iyatrojenik, yabancı cisim, apandisit, enflamasyon, tümör gibi nedenlerle ortaya çıkar ve erken tanı ve zama-

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SONUÇ

Peptik ülsere bağlı perforasyon günümüzde halen hastenelerin acil kliniklerine yapılan başvuruların önemli bir kısmını oluşturmakta ve acil cerrahi müdahalelerin en sık sebeplerinden bir tanesidir. Gastroduodenal perforasyonların en sık sebebi ülser hastalığıdır. Gastroduodenal perforasyonların diğer sebepleri travma, tümör, yabancı cisim yutma veya endoskopik girişimlere bağlı iyatrojenik yaralanmalardır. Gastroduodenal perforasyonlar hemen teşhis edilir ve uygun tedavi edilirse sonuçlar mükemmeldir. Gastroduodenal perforasyonların yaklaşık olarak yarısının kendiliğinden kapandığı tahmin edilmektedir ve bu yüzden seçilmiş hasta grubunda perfore ülserin nonoperatif tedavisi mantıklı bir seçenektir. Konservatif tedavi için, bilgisayarlı tomografi veya gastroduodenografi ile serbest kontrast ekstravazasyonu olmadığının ve kaçağın sınırlandırılmış olduğunun gösterilmesi gerekir. Hemodinamik olarak instabil olan, semptomların başlangıcı 24 saatten daha uzun olan, fizik muayenede peritoniti olan ve sistemik sepsis bulguları olan hastalar cerrahi olarak eksplore edilmelidir. Peptik ülsere bağlı gastroduodenal perforasyonların tedavisinde altın standart, asit azaltıcı prosedürle birlikte cerrahi onarımın uygulandığı geleneksel açık eksplorasyondur

Günümüzde endoskopik girişimler esnasında oluşan iatrojenik yaralanmalar ince barsak perforasyonunun en sık görüldüğü durumdur. Endoskopik sfinkterotomili ERCP işlemi esnasında meydana gelen duodenum perforasyonları iatrojenik yaralanmaların en sık oluşma şeklidir. Endoskopik işlemler esnasında meydana gelen iatrojenik ince barsak perforasyonları eğer işlem esnasında hemen farkedilirse bazen açık cerrahiye gerek kalmaksızın endoskopik teknikler kullanılarak da minimal invaziv olarak onarılabilir.

Jejunal ve ileal perforasyonlar, her zaman periton içine perfore oldukları için primer tamir ile cerrahi onarım veya segmental rezeksiyon ile tedavi edilirler.

Anahtar Kelimeler: mide perforasyonu, duodenum perforasyonu, gastroduodenal perforasyon, ince barsak perforasyonu, peptik ülser, ercp

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