Bölüm
23

PLÖREZİ

Onur ÇELİK [25]

GİRİŞ

Karın semtomları genelikle abdomene spesifik olmayıp çeşitlilik gösterir..Bu da primer klinik etyolojiyi ortaya çıkarmakta zorluk yaşanmasını beraberinde getirmektedir. Plevrada sıvı toplanması da işin içine girdiğinde tanı konulmasında ek bir zorluk yaşanmaktadır (1). Plevral efüzyon ve karın ağrısı birlikteliği abdominal,,ürolojik ve jinekolojik kaynaklı olmak üzere üç ana başlıkta incelenebilir.

ABDOMİNAL ETYOLOJİLER

Hepatik Hidrotoraks ve Spontan Bakteriyel Plörit

Hepatik hidrotoraks portal hipertansiyonlu bir hastada pulmoner, kardiyak, renal etiyolojiler ekarte edildikten sonra 500 ml'den fazla transudatif plevral sıvının birikmesidir (2). İnsidansı karaciğer sirozu hastalarında % 5 ve % 11 aralığındadır (3,4). Vakaların büyük bir çoğunluğu dekompanse sirozlu hastalar olup % 90 dan fazlası Child Pugh klas B ve C kalsifikasyonundadır (3,5).

Spontan bakteriyel plörit,önceleri spontan bakteriyel ampiyem olarak da bilinir hepatik hidrotoraksın gözden kaçan yüksek mortalite ve morbititiye sahip komplikasyonudur (4,6,7) .Plevral sıvının pnomoni ve diğer ikincil nedenlerden postoperatif ampiyem , göğüs tüpü takılmasına bağlı enfeksiyonlarla ilişkili olmayan spontan enfeksiyonudur.Enfekte asit sıvısının plevral aralığa geçmesi ya da spontan bakteriyemiye bağlı olduğu düşünülmektedir (8).

Spontan bakteriyel plörit klinik olarak dispne,ateş, karın ağrısı ,ensefalopati ve böbrek fonksiyonlarının kötüleşmesi şeklinde karşımıza çıkar(4).Plevral sıvı transudatif olup ortalama plevral sıvı LDH seviyesi 80IU/L, plevral sıvı glukoz 80 mg/dl'in , plevral sıvı ph 7.35'in üzerindedir (9). Tanı pnomoni ekarte edildikten sonra plevral

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