

# BÖLÜM 14

## PULMONER NODÜLLERİN CERRAHİSİNE YARDIMCI NÜKLEER TIP YÖNTEMLERİ

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### GİRİŞ

Pulmoner nodüller 3 cm veya daha küçük çaplı, keskin sınırlı, yuvarlak görünümlü radyografik opasitelerdir. Bu lezyonlar normal akciğer parankimi ile çevrilidir. Pulmoner nodüle atelektazi, pnömoni, lenf nodu veya plörezi eşlik etmemelidir. Üç santimden büyük lezyonlar akciğer kitlesi olarak adlandırılır ve genellikle malign olarak kabul edilir. Pulmoner nodüller genellikle akciğer grafisinde veya bilgisayarlı tomografi (BT) tetkikinde tesadüfi olarak saptanırlar. Akciğer malignitesini erken evrede yakalamak hastanın yaşam süresini artırır. Ancak gereksiz BT takiplerinden veya aşırı invaziv cerrahi girişimlerden kaçınmak için nodülün benign-malign ayırımının yapılması önemlidir. Benign-malign ayırımı yapılamayan (indeterminate) nodüllerin varlığında önce hastanın eski röntgen veya BT'sinin olup olmadığı sorgulanmalıdır. Solid nodüllerde 2 yıldan fazla süredir lezyon boyutlarında artış olmaması lezyonun öncelikle benign olduğunu düşündürür. Eski tetkiki olmayan hastalarda öncelikle klinik bulgular, hastanın yaşı, sigara ve diğer karsinojenlere maruziyet, ailede malignite öyküsü, eşlik eden akciğer hastalığının olup olmadığı araştırılır. Hastaların klinik özelliklerine ve nodülün radyolojik bulgularına göre hazırlanmış kantitatif yöntemlerle nodülün malignite riski belirlenir. Genç olmak, az sigara içmek, nodülün küçük, düzenli konturlu olması ve üst lobda yerleşim göstermemesi

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