

BÖLÜM

4

DALAK LEZYONLARI

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- Vaka 1:** Dalak duplikasyonu
- Vaka 2:** Dalak travmaları
- Vaka 3:** Dalak infarktı
- Vaka 4:** Pitotik dalak ve dalak torsiyonu
- Vaka 5:** Masif splenomegali (lenfoma)
- Vaka 6:** Spontan regrese epitelyal kist
- Vaka 7:** Splenozis
- Vaka 8:** Dalak hamartomu
- Vaka 9:** Dalak epidermoid kisti
- Vaka 10:** Splenik siderotik nodüller

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Tanı

- Splenik siderotik nodüller (Gamna-Gandy cisimcikleri)

Ayırıcı Tanı

USG'de dalakta punktat hiperekojen odaklar oluşturabilen sarkoidoz, tüberküloz, histoplazmozis, dissemine pnömosistis carini enfeksiyonu ayırıcı tanıda yer alır. Klinik ve laboratuvar bulgularla ayırım yapılabilir (24).

Önemli Noktalar

Gamna-Gandy cisimcikleri ilk olarak 1902'de Marini tarafından tanımlanmasına rağmen, adını çalışmaları ile daha popüler hale getiren Carlo Gamna (1866-1950) ve Charles Gandy'den (1872-1943) almıştır (25). Portal hipertansiyon, retikülo-endotelyal sistem hücrelerinde hiperplaziye neden olarak splenomegaliye yol açar. Splenik vende basınç artışı sonucu kırmızı pulpada kanama gerçekleşir. Kan ürünlerinin yarattığı fibroblastik reaksiyon sonucu fibroz doku gelişimi oluşur. Zamanla bu distrofik dokuya kalsiyum da eklenerek görüntüleme boyu genellikle bir santimetreyi geçmeyen lezyonlar olarak görülür (26). Gamna-Gandy cisimcikleri olarak adlandırılan bu lezyonlar USG'de akustik gölgelenme göstermeyen hiperekojen odaklar ve BT'de ise hafif hiperdens odaklar olarak görülür. Hemosiderin nedeniyle MRG'de tüm sekanslarda sinyalsiz (hipointens) odaklar olarak görülür. Ayrıca kontrast madde kullanımında artan sinyal gürültü oranı nedeniyle lezyonların ayırt edilebilirliği artar. Gamna-Gandy cisimcikleri portal hipertansiyona spesifik olmayıp, portal ven veya splenik ven trombozu, hemolitik anemiler, lösemi, lenfoma, hemokromatozis gibi birçok hastalıkta görülebilir (24).

Tedavi ve yaklaşım

Altta yatan hastalığın tedavisidir.

KAYNAKLAR

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