

Bölüm 5

BEYİN OMURİLİK SIVISI (BOS) RİNORELERİNE ENDOSKOPIK YAKLAŞIM

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GİRİŞ

Beyin omurilik sıvısı (BOS) kaçağı, subaraknoid mesafe ile sinonazal mukoza arasında bir iletişim olduğunda ortaya çıkar [1,2]. Vakaların çoğu travmatiktir, çoğunlukla kaza sonucu kafa travması veya iyatrojenik yaralanma nedeniyle oluşur. BOS kaçaqları, kafa içi basınç artışı (KİBA), tümörler, aşındırıcı hastalıklar ve konjenital kafa tabanı kusurlarına bağlı olarak da meydana gelebilir. Belirli bir eti-yoloji olmaksızın bazı kaçaqlar kendiliğinden meydana gelebilir. Travmatik BOS kaçaqlarının çoğu konservatif tedaviden sonra durur. Kalıcı BOS rinoresi olan vakalarda kesin müdahale gerekir. Tedavi edilmeyen hastalarda menenjit riskinin yılda yaklaşık% 10 olduğu bildirilmektedir [4,5]. Endoskopik teknikler, morbiditenin azalması ve daha iyi cerrahi başarı oranları nedeniyle BOS kaçaqlarının cerrahi tedavisinde devrim yaratmıştır [3,6,7,8,9,10,11,12,13,14,15,16]. Transnazal endoskopik onarım yaklaşık % 87 ila % 100 başarı oranına sahiptir.

TARİHÇE

BOS kaçağının ilk başarılı intrakraniyal onarımı 1926'da Dandy tarafından bildirildi. İntrakraniyal yaklaşımın artan morbiditesi, 1948'de Dohlman tarafından ekstrakraniyal onarımın başlatılmasıyla sonuçlandı. Hirsch, 1952'de transnazal cerrahi gerçekleştirdi. Bu durumun endoskopik tedavisi, 1981 yılında Wigand tarafından rapor edildi. O zamandan beri bu teknik artan bir ilgi gördü. Endoskopik tedavinin avantajları (mükemmel görüntüleme, hassas greft yerleştirme, kısa operasyon süresi ve daha iyi sonuçlar) onu dünya çapında popüler hale getirmiştir.

BOS RİNORESİ TİPLERİ

1. Travmatik

Travma (% 80-90) BOS kaçağının en yaygın nedenidir. Kafa travmasına bağlı olabilir veya kafa tabanında ameliyat sonrası olabilir [17].

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sinüs BOS kaçakları geleneksel olarak osteoplastik flepler ve sinüs obliterasyonu ile harici bir yaklaşım kullanılarak onarılmıştır. Tekrarlayan frontal BOS kaçakları da açık endoskopik yaklaşımla başarılı bir şekilde onarılabilir. Endoskopik modifiye Lothrop tekniği, frontal sinüsün erişilemeyen bölgelerindeki BOS kaçaklarını onarmak için etkili bir alternatif yaklaşım olarak kullanılabilir [76].

Transnazal endoskopik cerrahi, tekrarlayan BOS rinosesi için etkili bir tedavidir. İntrakraniyal basınç artışı olan tüm hastalar, endoskopik tamire ek olarak, intrakraniyal basınç artışı için uygun tedaviyi almalıdır [77].

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