

Kritik Travma Hastalarında Radyolojik Görüntülemenin Rolü

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Travma, vücudun herhangi bir yerinde meydana gelebilen canlı üzerinde tıbbi müdahale gerektiren dış etkenlerin veya kuvvetlerin neden olduğu bir doku ya da organın yapısını ya da şeklini bozan hasar veya zararı ifade eder. Travmatik yaralanmalar çocuklarda ve genç erişkinlerde önde gelen ölüm nedeni olup tüm yaş gruplarında ise, kanser ve kardiyovasküler hastalıklardan sonra dünya çapında başlıca ölüm ve sakatlık nedenidir. Risk faktörleri arasında sosyoekonomik, mesleki, politik, kültürel ve çevresel parametreler sayılabilir.

Travma hastasında acil tanı ve tedavinin sağlanabilmesi ve en uygun radyolojik tekniklerin en kısa zamanda yapılabilmesi için klinisyen ile radyoloğun uyumlu bir şekilde çalışması gerekir. İdeal görüntüleme prosedürü hızlı, kapsamlı ve yaşamı tehdit eden tüm yaralanmaları anında ve sistematik olarak tanımlayabilmelidir.

Travma hastalarında; röntgen, ultrason, bilgisayarlı tomografi(BT), MR(Manyetik Re-

zonans Görüntüleme) ve anjiyografi gibi radyolojik incelemeler kullanılmaktadır.

1. Röntgen

Röntgen, travma hastalarının birincil değerlendirmesinde halen referans görüntüleme tanı teknikleri olmaya devam etmektedir. Hızlı bir şekilde gerçekleştirilebilir ve erişilebilir olmasının yanında önemli teknik sınırlamalara ve bazen yetersiz görüntü kalitesine rağmen faydalı bilgiler sağlar. Travmalı hastalarda röntgen cihazları ile hastayı hareket ettirmeksizin toraks, batin, aksiyal iskelet ve kranium filmleri çekilebilmektedir (1,2).

Tansiyon pnömotoraks veya hemotoraks röntgen ile tanımlanabilir, ancak minimal pnömotoraks veya akciğer kontüzyon odaklarının görüntülenmesi için BT gerekir. Direkt batin grafisi, yabancı cisimlerin araştırılması ve serbest havanın değerlendirilmesi açısından önemlidir.

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