

Kritik Travma Hastalarında Ürogenital Travmaların Yönetimi

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Travma, vücuda dışardan zarar veren ve fiziksel ya da canlı dokuda yara oluşumuna sebep olan durum olarak tanımlanabilir. Travma, tüm ölümlerin %10'unu oluşturan ve dünya çapında altıncı önde gelen ölüm nedenidir. Her yıl yaklaşık beş milyon insanın ölümüne ve milyonlarca kişinin de sakat kalmasına neden olmaktadır (1). Travmaya bağlı ölümlerin yaklaşık yarısı 15-45 yaş arası kişilerde görülmektedir ayrıca bu yaş grubunda travma önde gelen ölüm nedenidir (2).

İzole renal travma daha az görülmekle beraber genelde %80-95 oranında diğer organ yaralanmaları ile birlikte çoklu organ hasarının eşlik ettiği vakalarda görülür (3). Ürogenital organlar için travma sonucu en sık etkilenen organ böbrektir (4).

1. Renal Travmaya Yaklaşım

1.1 Epidemiology, Etiyoloji ve Patofizyoloji

Böbrek travması, tüm travma vakalarının %5'e varan kısmında mevcuttur (5). En sık

genç erkeklerde görülür ve genel nüfus insidansı 100.000'de 4.9'dur (6). Bu yaralanmaların çoğunda yakın takip ile ameliyatsız olarak başarılı bir şekilde organların korunması sağlanabilir (7).

Künt yaralanmalar motorlu araç kazalarında, yüksekten düşmelerde, spor yaralanmalarından ve saldırı kaynaklı yaralanmalarda meydana gelebilmektedir (4). Sonuç olarak künt travmalarda böbrek ve/veya hiler yapılar doğrudan ezilebilir. Daha seyrek olarak, ani yavaşlama, hilumun veya üreteropelvik bileşkenin (UPJ) vasküler yapılarını etkileyen bir avulsiyon yaralanmasına neden olabilir.

Penetran yaralanmalar, bıçak ve ateşli silah yaralanmalarından kaynaklanır. Künt travmadan daha şiddetli ve sonuçlarının öngörülmesi daha zordur. Prevalansı kırsala oranla şehirde daha yüksektir (8). Penetran yaralanmalar parankimi ve vasküler pedikülleri veya toplayıcı sistemde doğrudan doku bozulmasına neden olur. Yüksek hızlı mermiler veya parçaları, en büyük parankimal yıkım potansiyeline sahiptir ve çoğunlukla çoklu organ yaralanmaları ile ilişkilidir (9).

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