

BÖLÜM 150

GÖĞÜS HASTALIKLARINDA KULLANILAN NÜKLEER TIP YÖNTEMLERİ

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Göğüs hastalıklarında Nükleer Tıp uygulamaları başlıca; akciğer ventilasyon perfüzyon sintigrafisi, kantitatif akciğer sintigrafisi ve akciğer kanserlerinde PET/BT görüntülemeyi içermektedir.

PULMONER EMBOLİ

Pulmoner emboli kısaca, akciğer arterlerinden birinin veya birkaçının ani tıkanması olarak tanımlanabilir. Pulmoner emboli klinik tanısı zor konulan, tedavi edilmediği zaman ölüm veya kronik tromboembolik pulmoner hipertansiyon ile sonuçlanabilecek sık görülen solunum sistemi hastalığıdır. Tanı konulduğunda ise uygun antikoagülan tedavi ile mortalite oranı belirgin azalmaktadır.

Pulmoner embolinin klasik bulguları olan nefes darlığı, batıcı tarzda göğüs ağrısı ve hemoptizi nadiren bir arada bulunur. Klinik bulgular asemptomatik olgudan ani ölüme kadar değişen düzeylerde olabilir. Birçok çalışma

pulmoner embolinin sessiz bir klinik tablo oluşturduğunu göstermiştir. Hastaların büyük bir kesiminde; nefes darlığı, göğüs ağrısı, öksürük, hemoptizi, senkop, takipne, taşikardi, siyanoz, hipotansiyon, sağ kalp yetmezliği, pulmoner hipertansiyon ve bacaklarda şişlik bulgularından biri veya birkaçı bulunabilir. Tanımlanan bu semptomlar her ne kadar pulmoner embolide sık olarak izlenmesine rağmen hiç biri tek başına tanı koydurucu değildir. Tanı için semptomların görüntüleme yöntemleri ile doğrulanması gerekir.

Pulmoner embolinin laboratuvar tanısal testlerinin başında serum D-dimer düzeyi gelmektedir. Serum D-dimer düşüklüğünün negatif prediktif değeri oldukça yüksek (%99) iken yüksekliği maalesef tek başına tanı koydurucu değildir. Birçok enflamatuvar süreçlerde de serum D-dimer yüksekliği görülmektedir. Pulmoner emboli riskini arttıran birçok predispozan faktör vardır. Bunların başında alt ekstremitelerde oluşan derin ven trombozu gelmektedir. Ayrıca yakın zamanda geçiril-

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