

BÖLÜM 7

NÖROANESTEZİ VE NÖROŞİRÜRJİDE ULTRASONOGRAFİK İNCELEME

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Beynin ultrasonografik görüntülenmesi kafatasının yüksek akustik empedansı nedeni ile sınırlıdır. Beyin ultrasonografik görüntülemesinde transkranial Doppler ultrasonografiden (TKD), transkranial renk kodlu dupleks sonografi (TCCS)'ye ve iki boyutlu ultrasonografi (2D US) veya iki boyutlu kontrastlı ultrasonografiye (2D CEUS) kadar farklı frekanslarda çeşitli ultrasonografi teknikleri kullanılmaktadır.

Optik sinir kılıfı çapının ultrasonografisi, sadece anlık artan İKB'yi değil, aynı zamanda travmatik beyin hasarı devam eden hastalarda İKB'deki ani değişiklikleri saptamak için de doğru, basit ve hızlı bir ölçüm olarak düşünülebilir. Bu tekniği öğrenmek kolaydır, beyin ödeminden etkilenmez ve travmada olduğu gibi invaziv İKB monitörizasyonunun mümkün olmadığı koşullarda yararlıdır. Çalışmalarda optik sinir kılıfı çapının normal üst sınırı tartışmaya açık olsa da, genel olarak kabul edilen 5.0 ila 5.7 mm arasında değişmekte olduğu, 5.0 mm üzerinde ölçülmesinin İKB artışını (>20 mm Hg) işaret ettiğidir (56). İKB, beyin ölümünde de son derece yüksek olduğundan, OSKÇ'nin de artması şaşırtıcı olmaz. OSKÇ ultrasonografisi ile artmış KİB ölçümü beyin ölümü tanısına spesifik olmamakla beraber pratik, kolay ve yatak başı uygulanabilen bir tetkik olduğu için bu amaçla da uygulanmaktadır (57).

Yogun bakım hastaları dışında da ameliyathane şartlarında özellikle laporankopik robotik cerrahiler gibi derin Trendelenburg pozisyonu uygulanan ve İKB artışına neden olabilecek cerrahilerde sonografik OSKÇ'nin izlenmesi, İKB'deki değişiklikler hakkında faydalı bilgiler sağlayabilir (58, 59).

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