Bölüm 3

OBSTRÜKTİF BÖBREK HASARINDA BİYOBELİRTEÇLER

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GİRİŞ

Üroloji pratiğinde en sık karşılaşılan sorunlardan biri üriner sistemin herhangi bir yerinde gelişen obstrüksiyon ve buna sekonder idrar stazıdır. Bu obstrüksiyon, üreteropelvik bileşke darlığı, taş, tümör, benign prostat hiperplazisi, üretra darlığı gibi anatomik nedenlere veya vezikoüreteral reflü, konjenital megaüreter, nörojenik mesane gibi fonksiyonel nedenlere bağlı olabilir. Obstrüksiyonun lokalizasyonu, tamamen veya kısmi obstrükte etmiş olması veya obstrüksiyonun süresi gibi faktörler oluşan hasar ile çoğu zaman ilintilidir. Örneğin infravezikal obstrüksiyonlarda nihai hasar çoğu zaman bilateral böbreklerde görülmekteyken, supravezikal ve unilateral olan patolojiler genelde ipsilateral böbreği etkiler. Genel olarak üriner sistem obstrüksiyonlarının sebepleri konjenital ve edinsel olarak iki ana başlığa ayrılabilir. Konjenital ve edinsel sebeplerin detayı Tablo 1'de verilmiştir. Hidronefroz ise böbreğin toplayıcı sisteminin, kalikslerinin ve pelvisinin genişlemesini ve kapasite artışını tanımlayan anatomik bir terimdir. Obstrüktif nedenlerle olabileceği gibi non-obstrüktif hidronefroz sebepleri de mevcuttur. Obstrüktif üropati, idrar yolunun herhangi bir seviyesinde idrar akışının fonksiyonel veya anatomik obstrüksiyonunu ifade eder. Obstrüktif nefropati ise obstrüksiyonun fonksiyonel veya anatomik renal hasara neden olduğu durumlarda ortaya çıkar [1].

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ortaya çıkmaktadır. Şu ana kadar obstrüktif böbrek hasarında yeterince tatmin edici duyarlı ve özgül bir biyobelirteç yoktur ancak son zamanlarda yapılan panel ve kombinasyon çalışmaları umut verici sonuçlar vermektedir.

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