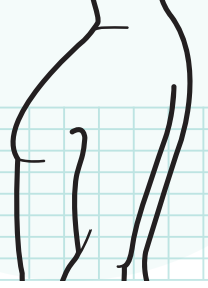


BÖLÜM 4

Toraksın Girişimsel İşlemleri



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Giriş

Toraksta girişimsel radyoloji uzun süredir önemli bir rol almaktadır. Perkütan transtorasik akciğer biyopsisi (PTAB) ilk olarak yaklaşık 50 yıl önce Dahlgren ve Nordenstrom tarafından tanımlanmıştır(1). O günden beri PTAB ile başlayan torakstaki perkütan işlemler teşhisin ötesinde tedaviyi kapsayacak şekilde plevral efüzyon – ampiyem- abse drenajı ve uygun lezyonların ablasyonuna kadar genişlemiştir.

Vasküler girişimsel işlemler ise yaklaşık 90 yıl önce tanımlanmıştır (2). Bilgisayarlı tomografik anjiyografisinin gelişmesi ile pulmoner emboli tanısında invaziv pulmoner anjiyografinin yeri gerilemiştir. Ancak hemoptizi hastalarında bronşial arter embolizasyonu, pulmoner arteriovenöz malformas-

yon (PAVM) ve pulmoner arter anevrizma embolizasyonu, pulmoner arter embolisinde trombektomi tedavileri günümüzde önemli bir yer tutmaktadır.

Nonvasküler Girişimsel İşlemler

Perkütan Torasik Biyopsi

Akciğer neoplazilerinde doku örnekleme tanı ve tedavinin planlanması için ilk ve en önemli basamaktır. Başlangıçta floroskopi eşliğinde gerçekleştirilen biyopsi işlemi günümüzde bilgisayarlı tomografi (BT) ya da ultrason (US) eşliğinde yapılmaktadır (3). Periferik yerleşimli ve plevra ile komşuluğu olan lezyonlara gerçek zamanlı görüntü eşliğinde biyopsi iğnesinin hedefe yönlendirilebilmesi, ulaşımının kolay olması, radyasyona maruz kalınmaması ve düşük maliyeti nedeniyle US

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