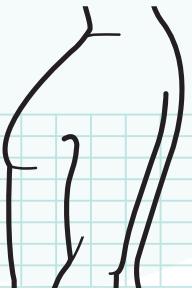


BÖLÜM 5



Toraksın Kesitsel Görüntülemesi

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Giriş

Toraksın kesitsel görüntülemesi, tanı koyma, tedaviye yön verme, bronkoskopi, biyopsi ve cerrahi prosedürler gibi girişimsel işlemlere yol gösterme açısından önemlidir. Toraks bilgisayarlı tomografi (BT) ve manyetik rezonans görüntüleme (MRG) ile klinik şüpheye yönelik olarak ya da farklı bir tetkikte saptanan anormalligin ayrıntılı değerlendirmesi yapılabilir.

Görüntüleme Anatomisi

Trakeobronşial ağaç, larinksten başlayıp dallanarak inferiora ve perifere uzanarak bronşiolllerde sonlanır. Kıkırdak ve fibromüsküller dokudan oluşan trachea, C6 vertebra seviyesindeki krikoid

kartilaj düzeyinden T4-T5 vertebra düzeyindeki karinaya kadar uzanır. Karina düzeyinde sağ ve sol ana bronş olaraık ikiye ayrılır (1).

Bronkopulmoner segmentler, segmental bronkus ve arterlere göre tanımlanırlar. Her bir bronkopulmoner segmentin sınırları o segmentin bronş ve damarının uzanımı ile komşu segmentlerin ve pleural yüzeyin yakınılığına göre belirlenir. Sağ akciğerde on adet, sol akciğerde sekiz adet olmak üzere toplamda on sekiz segment vardır (2).

Mediasten, radyolojik olarak prevasküler (ön), viseral (orta) ve paravertebral (posterior) bölgelere ayrılır. Prevasküler bölüm üstte akciğer apeksi, alta diafragma, önde sternum, lateralde mediastinal plevra ve arkaada perikardın ön yaprağı ile çevrelenmiştir. Timus, yağ doku, lenf nodları ve sol brakio-

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Tanı için seçilecek tetkik pulmoner BTA'dır. Total pulmoner venöz dönüş anomalisi tüm pulmoner venlerin, parsiyel pulmoner venöz dönüş anomalisi ise pulmoner venlerin en az birinin sol atrium yerine sol brakyosefali ven, süperior vena kavaya, azigos vene, koroner sinüse, sağ atriuma ya da sistemik venlere drene olduğu malformasyondur. Tanı anatomik malformasyonun kesitsel görüntüleme yöntemleri ile gösterilmesi ile konur. Hipogenetik akciğer (scimitar) sendromu, sağ akciğeri etkileyen ve çoğunlukla hipoplazik akciğer dokusunun eşlik ettiği parsiyel pulmoner venöz dönüş anomalisidir. Anormal venöz drenaj çoğunlukla inferior vena kavaya, daha az sıklıkla sağ atrium, süperior vena kava, portal ya da hepatik venlere olur. Akciğer hipoplazisinin yanısıra pulmoner arter hipoplazisi ve çeşitli konjenital anomaliler de eşlik edebilir. Görüntülemede hipoplazik akciğer ve ipsilateral mediastinal sıft, anormal venöz yapının oluşturduğu vertikal tubuler "Türk palası" görünümü izlenir. Tanı BT ya da MR angiografide anormal venöz dönüşün gösterilmesi ile konur (85, 87).

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