

BÖLÜM 5



Toraksın Kesitsel Görüntülemesi

Elif Dilara TOPCUOĞLU¹
Aslıhan SEMİZ OYSU²

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 anormalliğin ayrıntılı değerlendirilmesi yapılabilir.

Görüntüleme Anatomisi

Trakeobronşial ağaç, larinksten başlayıp dallanarak inferiora ve periferik olarak bronşiolerde sonlanır. Kıkırdak ve fibromusküler dokudan oluşan trakea, C6 vertebra seviyesindeki krikoid

kartilaj düzeyinden T4-T5 vertebra düzeyindeki karınaya kadar uzanır. Karına düzeyinde sağ ve sol ana bronş olarak 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 plevral yüzeyin yakınlığına 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) bölümlere ayrılır. Prevasküler bölüm üstte akciğer apeksi, alta diyafragma, önde sternum, lateralde mediastinal plevra ve arkada perikardın ön yaprağı ile çevrelenmiştir. Timus, yağ doku, lenf nodları ve sol brakiyo-

¹ Uzm. Dr., Sağlık Bilimleri Üniversitesi Ümraniye Eğitim ve Araştırma Hastanesi Radyoloji Kliniği, elifdilaratopcuoglu@gmail.com

² Doç. Dr., Marmara Üniversitesi Tıp Fakültesi Radyoloji AD., aoyusu@marmara.edu.tr

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 brakıyosefalik vene, 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 yanı sıra pulmoner arter hipoplazisi ve çeşitli konjenital anomaliler de eşlik edebilir. Görüntülemelerde hipoplazik akciğer ve ipsilateral mediastinal şift, anormal venöz yapının oluşturduğu vertikal tubuler "Türk palası" görünümü izlenir. Tanı BT ya da MR anjiyografide anormal venöz dönüşün gösterilmesi ile konur (85, 87).

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