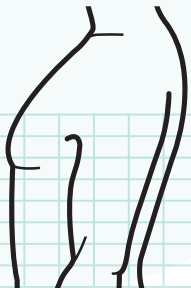
BÖLÜM 20

Plevral Efüzyonlarda Tanısal Yaklaşım ve Cerrahi Tedavi



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Giriş

Plevra, akciğer ve göğüs boşluğunu örten tek katlı skuamöz epitel ve lamina propriadan oluşan mezotelyal seröz bir yapıdır. Plevra, akciğeri ve göğüs duvarını örter. Parietal ve visseral olmak üzere iki kısımdan oluşur. Bu plevra yaprakları arasında yaklaşık 8-15 mL sıvı mevcuttur. Aynı zamanda plevra yaprakları arasında negatif bir basınç mevcuttur. Plevranın bu özelikleri akciğerin genişlemesine ve kasılmasına izin verir, akciğerin göğüs duvarına sürtünmesinden dolayı hasar görmesini önler ve enfeksiyonlara karşı korumasını sağlar. Visseral plevra hilus dışında tüm akciğeri örter. Parietal plevra göğüs duvarının iç kısmını, mediasteni ve diyafragmayı örter.

Her iki plevra, primitif sölomun intraembriyonik bölümünden gelişir. Primitif sölom, lateral mezodermin embriyonun iki tarafına doğru somatik ve splanknik mezoderm olarak ayrılması ile oluşur. Dördüncü haftada embriyo kompleks bir katlanma sürecine girer ve laringotrakeal uzantı farinks tabanından başlar. Beşinci haftada iki akciğer tomurcuğu plevral kanallara doğru ilerlerken mezotelyal bir örtüyü birlikte götürür. Sonuçta visseral plevra splanknik mezodermden, parietal plevra ise somatik mezodermden köken almış olur (1). Parietal plevranın kalınlığı 30-40 mikron iken visseral plevra 40-80 mikrondur. Plevra genellikle 5 tabakaya ayrılır (2);

1.Mezotel hücreleri 2. Vaskülarize konnektif doku 3. Yüzeyel ince elastik tabaka 4. Zayıf konnektif doku 5. Derin fibroelastik tabaka

Konnektif doku tabakası değişen miktarlarda kollajen, kapiller, lenfatikler ve elastik fibriller içerir. Visseral plevra içerisindeki konnektif dokunun iki önemli fonksiyonu vardır; 1.Akciğerin elastik olarak genişlemesi-

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talara yapılan VATS sonucu %30-40 oranında nonspesifik fibröz plörit tanısı aldığı bildirilmiştir. Bu tanıyı almış hastalara bekle-gör tarzında klinik ve radyolojik izlem ya da daha invaziv tanı yöntemleri uygulama şeklinde yaklaşım olabilir (86-88). Bir çalışmada bu hastaların %8,3'ünde malignite geliştiği bildirilmiş ve yakın izlem önerilmiştir (87). İngiliz Toraks Derneği kılavuzunda bu hastalara bekle-gör yönteminin uygun olacağını ve iki yıl yakın takip tavsiye etmişlerdir (34). Malignite şüphesi yüksek olan hastalarda daha invaziv yöntemler uygulanmalıdır.

Son Söz

Transüda özelliğindeki sıvılarda genellikle altta yatan hastalığın primer tedavisi yeterli gelirken nadiren daha ileri müdahaleler gerektirmektedir. Ancak eksüda özelliğindeki sıvılarda özellikle MPE'da multidisipliner yaklaşım gerektirir. Minimal invaziv yöntemler seçilmelidir. Burada hastanın kliniğine uygun, hastaneye müracaatını azaltan ve hastaya tekrarlayan girişimleri ve hastanede kalış süresini azaltıcı işlemler yapılmalıdır.

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