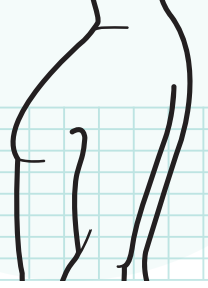


BÖLÜM 43



Penetran Travmaya Yaklaşım

İbrahim Ethem ÖZSOY¹
Mehmet Akif TEZCAN²

Giriş

Toraks boşluğu insan yaşamı için en kritik organları içerdiğinden aslında yaşamın tam merkezindedir. Penetran bir toraks travmasında kalp, akciğerler, trakeobronşial sistem, kalp ve büyük damarlar, duktus torasikus ve torasik özofagus ve diyafragma yapılarından her biri tek tek ya da birkaçı bir arada yaralanabilir. Çağımızın her türlü modern şartlarına rağmen travma genellikle gençleri etkiler ve tüm toplumlarda özellikle ilk 4 dekatta başta gelen morbidite ve mortalite nedenidir. Travmaya bağlı ölümlerin %20-25'inin toraks travması nedeni olduğu belirtilmektedir (1). Toraks travmalarının ise kabaca %70-80'ini künt, %20-30'unu ise penetran travma oluşturmaktadır (2). Penetran travmalar genel olarak delici kesici alet yaralanması veya tabanca, tüfek mermisi gibi yüksek kinetik

enerjili ateşli silah yaralanması şeklindedir. Özellikle askeri alanda veya terör örgütlerinde kullanılan geliştirilmiş el yapımı patlayıcı, antipersonel mayını, anti tank mayını, el bombası, roketatar ve TNT gibi patlayıcılarla oluşan yaralanmalarda şarapnel parçalarına bağlı travmalar da penetran yaralanmadır (3). Hastane öncesi bakımdaki hız ve gelişmeler, etkili ve gelişmiş transfer süreçleri nedeniyle büyük travmalar ve yaralanmalar sonrası bile her geçen gün acil servise getirilen hasta sayısı artmaktadır.

Toraks yaralanmalarının patofizyolojisi-ne kısaca değinmek gerekirse; temel problem doku hipoksisidir. Dolaşım ve solunum bozukluğuna bağlı olarak hipoksi, hiperkarbi, asidoz ve hipovolemi gelişir. Kan kaybı sonucu dokulara yetersiz oksijen dağılır. Akciğer kontüzyon ve yaralanmaları, büyük hematom, açık ve tansiyon pnömotoraks, göğüs duvarı

¹ Doç. Dr., Sağlık Bilimleri Üniversitesi, Kayseri Tıp Fakültesi Göğüs Cerrahisi, ibrahimethem.ozsoy@sbu.edu.tr

² Dr. Öğr. Üyesi, Sağlık Bilimleri Üniversitesi, Kayseri Tıp Fakültesi Göğüs Cerrahisi, mehmetakif.tezcan@sbu.edu.tr

ven yaralanmaları en iyi sternotomi ile onarılır. Yeterli kollateral venöz drenajın varlığı nedeniyle onarım mümkün değilse, innominate ven bağlanabilir (15).

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