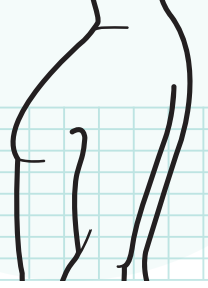


# BÖLÜM 44

## Masif Hemoptizi



Onur Volkan YARAN<sup>1</sup>  
Esra Akkütük ÖNGEL<sup>2</sup>  
Celal Buğra SEZEN<sup>3</sup>

### Giriş

Hemoptizi; trakea, bronşiyal sistem ve akciğer parankimi kaynaklı kan tükürme olarak tanımlanabilir. Üst solunum yolundan kaynaklanan kanamalardan ayırt edilmesi önemlidir. Masif hemoptizi ise hayatı tehdit edici kanamalara verilen isimdir. Masif hemoptizi tanımına uyan kanama miktarları çeşitli yazarlar tarafından birbirinden farklı değerler olarak araştırılmış ve sonuçlandırılmıştır. Amirana ve ark. (1) 24 saatte 100 ml üzeri kanamaya masif hemoptizi olarak yaklaşmış iken, Corey ve ark. (2) 1000 ml üzeri kanamalara masif hemoptizi yaklaşımında bulunmuşlardır. Bu değerlerin yansira çeşitli yazarlar 24 saatte 200 ml (3), 500 ml (4), 600 ml (5) gibi çeşitli değerleri üst sınır olarak belirleyip bu değerlerin üstündeki kanamaları masif hemoptizi olarak kabul etmişlerdir. Ancak bu konuda ortak bir

konsensüs bulunmamaktadır. Son yıllarda bu nicel değerlendirmeler bir kenara bırakılmış ve hasta bazlı değerlendirmeler ön plana çıkmıştır. Hastanın hayatını tehdit edecek miktarda kan ekspektorasyonu masif hemoptizi için doğru ve fonksiyonel bir tanımdır (6),(7). Çünkü masif hemoptizide mortalitenin en önemli nedeni hemorajinin yarattığı asfiksi durumudur (8). Resim 1'de masif hemoptizi ile gelen hasta yer almaktadır.

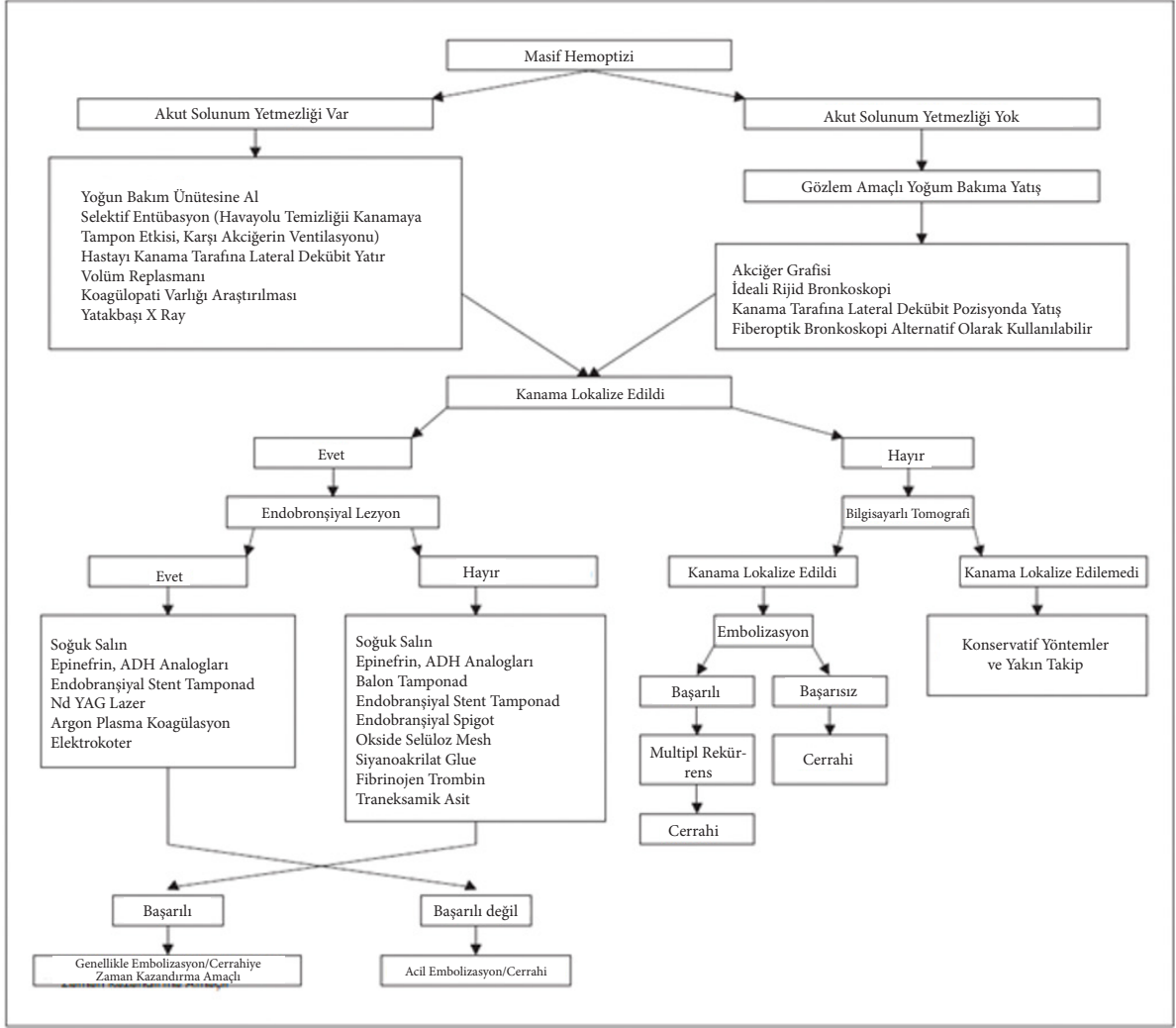


**Resim 1.** Masif hemoptizi görüntüsü

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Şekil 1. Masif hemoptizide izlenmesi önerilen algoritma Şema-1'de verilmiştir.

## Son Söz

Sonuç olarak masif hemoptizi acil yönetim gerektiren mortalitesi yüksek bir klinik durumdur. Anestezi, göğüs hastalıkları, göğüs cerrahisi ve girişimsel radyolojiden oluşan bir konsensüs ile multidisipliner yaklaşılmalı, öncelikle kanama lokal olarak kontrol altına alınmalı, ardından hızlıca tanısal yöntemlere başvurulmalıdır. Acil cerrahi uygulanmasının kanama kontrol altına alındıktan sonra cerrahi uygulamasına göre çok daha yüksek mortaliteye sahip olduğu unutulmamalıdır. Gerekli

durumlarda bronkoskopik yöntemler veya BAE işlemi ile kanama kontrol altına alınarak cerrahi için zaman kazanılmalıdır. Doğru zamanlama ile uygun hastaya cerrahi uygulamasının başarılı hemoptizi tedavisi sağladığı akılda tutulmalıdır.

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