

## FUNGAL RİNOSİNÜZİTLER

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## Vaka Sunumu 1

Yetmiş iki yaşında kadın hasta burun tıkanıklığı şikayeti ile kulak burun boğaz polikliniğine başvurdu. Birkaç aydır burun sağ tarafından nefes almakta zorlanan hasta, aile hekimi tarafından verilen antibiyotik ve burun spreylerinden fayda görmediğini ve son haftalarda şikayetlerinin arttığını belirtti.

## Özgeçmiş

Mesleği: Ev hanımı.

Esansiyel hipertansiyon tanısı mevcut ve 20 yıla yakın zamandır antihipertansif ilaç kullanıyor. Bunun dışında sürekli kullandığı ilaç yok.

Sigara, alkol kullanmıyor.

Geçirilmiş burun veya sinüs cerrahisi yok.

## Soygeçmiş

Soygeçmişinde özellik yok.

## Anamnezde neler sorgulanmalıdır?

- Burun tıkanıklığı (tarafı, süresi, progresyonu vb)
- Burun akıntısı ve akıntının özelliği (rengi, kıvamı, kanlı olup olmadığı)
- Burunda kaşıntı
- Hapşırık
- Yüzde basınç hissi, ağrı
- Baş ağrısı
- Koku kaybı
- Kulak ağrısı
- İşitme kaybı
- Görme bozukluğu
- Yorgunluk, halsizlik
- Ateş
- Bulantı, kusma

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cerrahi debridman yapılmalı ve beraberinde anti-fungal ilaç tedavisi verilmelidir.

### 2.3. Kronik granülomatöz invaziv fungal rinosinüzit

Çoğunlukla immün kompetan kişilerde, Kuzey Afrika, Orta Doğu ve Asya popülasyonunda daha fazla görülür (2). Kronik invaziv fungal rinosinüzi- te benzemekle birlikte, farklı olarak histopatolojik incelemelerde mukoza invazyonu yapan multi- nükleer dev hücreli granülomlar görülür (3). Etken fungal patojen çoğunlukla *Aspergillus flavus*'tur, tedavisi diğer invaziv fungal rinosinüzitlerde oldu- ğu gibi cerrahi debridman ve antifungal tedavidir.

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