BÖLÜM 28

RİNORE

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Vaka Sunumu

Kırk dokuz yaşında erkek hasta 6 aydır olan baş ağrısı ve rinore şikayeti ile kulak burun boğaz polikliniğine başvurdu. Burun akıntısının sadece sağ burun deliğinden olduğunu, kokusuz, su gibi berrak ve renksiz olduğunu ifade etti. Üç ay önce rinore aniden ve kendiliğinden başlamış ve 3 ay boyunca süreklilik göstermeyen, aralıklı burun akıntısı olmuş.

Özgeçmiş

Bilinen ek hastalık yok.

İlaç kullanımı yok.

Sigara, alkol kullanımı yok.

Bilinen alerji yok.

Üç yıl önce kronik sinüzit nedeniyle fonksiyonel endoskopik sinüs cerrahisi geçirmiş. Ameliyat sonrası herhangi bir şikayeti olmamış.

Aile öyküsünde özellik yok.

Anamnezde Neler Sorgulanmalıdır?

- Burun akıntısı
- Baş ağrısı
- Kilo kaybı
- Kilo alımı
- Geniz akıntısı
- Hapşırık
- Burun kanaması
- Gözlerde sulanma
- Yorgunluk
- Halsizlik
- Ateş
- Bulantı
- Kusma
- Bilinç kaybı

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la belirlenebilir. Bu, erken müdahaleye ve nüksün önlenmesine olanak verir (55). Sfenoid sinüsün lateral kısmındaki defektlerde nüks oranı yüksektir (25). Pterigomaksiller fossa yaklaşımı dahil olmak üzere genişletilmiş endoskopik yaklaşımlar, seçilen durumlarda bu tür kusurları uygun şekilde onarmak için yararlı olabilir (56). Benzer şekilde, superior ve lateral ekstansiyonlu frontal sinüste %44'e varan rekürrens oranı bildirilmiştir (57, 58). Frontal sinüs BOS kaçakları geleneksel olarak osteoplastik flepler ve sinüsün obliterasyonu ile tedavi edilirler. Tekrarlayan frontal BOS kaçakları da kombine açık-endoskopik yaklaşımlarla başarılı bir şekilde onarılabilir. Modifiye endoskopik Lothrop tekniği frontal sinüsün zor ulaşılabilen superolateral bölgelerindeki BOS kaçaklarını onarmak için tercih edilebilir (59). Transnazal endoskopik cerrahi yaklaşım tekrarlayan BOS rinore için etkili bir tedavidir (60). Artmış intrakraniyal basıncı olan tüm hastalar, endoskopik onarımın yanı sıra intrakraniyal basıncı düşürmeye yönelik uygun tedaviyi almalıdır (52,61).

Açık intrakraniyal yaklaşımlar BOS fistülü tedavisinde tarihsel olarak kullanılagelen yöntemler olsa da, 1981'de Wigand tarafından ilk kez yapıldıktan sonra yıllar içerisinde endoskopik endonazal yaklaşım; minimal morbidite, greft yerleşiminde sağladığı kolaylıklar ve yüksek başarı oranları (%86-100) ile tercih edilen cerrahi teknik haline gelmiştir. Gelişen teknoloji ile birlikte endoskopik cerrahide yaşanacak yeni gelişmelerle bu alanın önümüzdeki yıllarda da gelişmeye ve yeniliğe açık olacağı aşikardır.

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