BÖLÜM 2

ADRENAL BEZ HASTALIKLARI

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GENEL BİLGİ

Adrenal bezler bilateral retroperitoneal yerleşimli ve 4-5 gram ağırlığında organlardır. Dışta korteks ve içte medulladan oluşur. İki tarafta da böbreklerin superomedalinde yerleşirler. Sağda karaciğer arkasında ve inferior vena cava ile komşu iken, solda pankreas kuyruğunun arkasında, aortaya yakın bulunurlar. Arteriyel beslenmesi inferior frenik arterden kaynaklanan superior suprarenal arter, abdominal aortadan kaynaklanan orta suprarenal arter ve renal arterden kaynaklanan inferior suprarenal arter vasıtası ile gerçekleşir. Suprarenal venler sağda inferior vena cavaya, solda ise bazen inferior frenik ven ile birleşerek, bazen de direk olarak sol renal vene dökülürler. Nadiren de olsa aksesuar adrenal venler görülebilir. Sağdaki görüntü olarak piramidi soldaki ise daha çok hilal şeklini andırır. Birbirinden farklı özelliklere sahip olan adrenal korteks mezodermden ve adrenal medulla ektoderm kaynaklı olan nöral krestten kaynaklanır. Ektopik adrenal meduller doku normal yerleşim bölgesi dışında en çok aort bifurkasyonu solunda inferior mezenterik arter köküne yakın (*Zuckerland Organı*) yerleşir. Daha az olarak da boyun, mesane ve paraaortik alanlarda bulunabilir[1, 2]. Adrenal bez hastalıklarından bahsederken korteks ve medullayı iki ayrı organ olarak ele almakta fayda vardır. Adrenal korteks yapı olarak birbirinden farklı üç bölgeden oluşur ve her bölge kolesterol kaynaklı farklı steroid hormonlarının üretiminden sorumludur. Korteksin hormon üretimi hipotalamus, hipofiz ve adrenalden oluşan aksın etkisi altındadır[3]. Adrenal kortekste zona glomerulosa minerolokortikoidlerin (aldosteron), zona fasikulata glukokortikoidlerin (kortizol) ve zona retikularis seks steroidlerinin üretim yeridir. Adrenal medulla ise postganglionik sempatik nöronlardan oluşan bir nöroendokrin dokudur. Medullaya gelen α adrenerjik uyarı vasıtası ile adrenalin ve noradrenalin salgılanır. Adrenal bezlerin kesitsel şeması ve üretilen hormanlar şekil 1'de gösterilmiştir.

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Çapı>6 cm olanl insidentalomalarda kanser riski artar.

Tedavide cerrahi rezeksiyon;

- Subklinik Cushing sendromu olan gençlere ve aşırı glukokortikoid salgılanmasına bağlı hastalıkları olanlara,
- Adrenal kitlesi 4 cm'den büyük olan hastalara (Burada hasta yaşı ve görüntüleme özellikleri dikkate alınmalıdır).
- İlk görüntüleme özellikleri şüpheli olanlara.
- 6-12 ay ara ile görüntüleme takip edilirken 1 cm'den fazla büyüme olanlara önerilir[71].

İnsidentalomalı hastalarda 5 yıl boyunca her yıl 1 mg DST ve idrarda katekolamin ve matabolitleri bakılmalıdır. İlk 2 yıl 6 ayda bir sonra yıllık görüntüleme önerilir[71].

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