

BAKİ NOKTASINDA BAĞIRSAK ACİL USG

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Dr. Kezban UÇAR KARABULUT¹
Dr. Turhan TOGAN
Dr. Betül GÜLALP¹

Başkent Üniversitesi Acil Tıp AD¹
Başkent Üniversitesi Enfeksiyon Hastalıkları AD

Acil ayırcı tanı ve yönetimde yol göstericidir. Fıtık, obstrüksiyon, apandisit, intüsüsepsiyon, pilor stenozu bunların başında yer alırlar.⁽¹⁾ Invajinasyon, barsak duvar kitleleri, barsak lümeni içinde yer alan oluşumlar (safra taşları, bezoarlar veya yabancı cisimler), ascariasis, strangülasyon ve afferent loop tikanmaları^(2,3) divertikülit ve İnflamatuar Barsak Hastalığı da belirlenebilir.⁽⁴⁾

Fıtık: Görüntüleme için yüksek frekanslı düz prob zayıf kişilerde ve yüzeysel fitıklarda idealdir, derindeki fitik ve şişmanlarda daha düşük frekanslı eğri probalar kullanılır⁽¹⁾. Fitik kesesi içinde bağırsak ansını görmek gereklidir.⁽⁵⁾ (Resim 1)

Bağırsak lümen çapı, duvar kalınlığı, peristaltizm ve kinesis değerlendirilmelidir. Redükte edilebilir fitik içindeki barsak ansı hafif kompresyonda normal peristaltizmi ve çapa sahiptir.

*Komprese edilebilirlik inkarseryonun ekartasyonu için gereklidir.⁽¹⁾

*Peristaltik aktivite strangülasyonu ekarte eder.⁽⁶⁾

*Strangiile fitikda ise barsak diskinetik, genellikle dilate, kalın ve ödemli duvarlara sahiptir, komprese edilemez, renkli doppler ile barsak duvarında perfüzyon yetersizliği mevcuttur.

*İnkarsere fitik, engelin başlangıcından hemen sonraki barsak loopunda genişlemiş akinetik döngünün varlığı, dilate ince barsak proksimal peristaltik etkinliğinin varlığı ve karın içi periton sıvısının hızlı birikmesi inkarsere herninin bulgularıdır.⁽⁷⁾.

Kaynaklar

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