

BAKI NOKTASINDA ABDOMİNAL AORTA ACİL USG

Dr. Betül AKBUĞA ÖZEL

Baskent Üniversitesi Acil Tıp AD

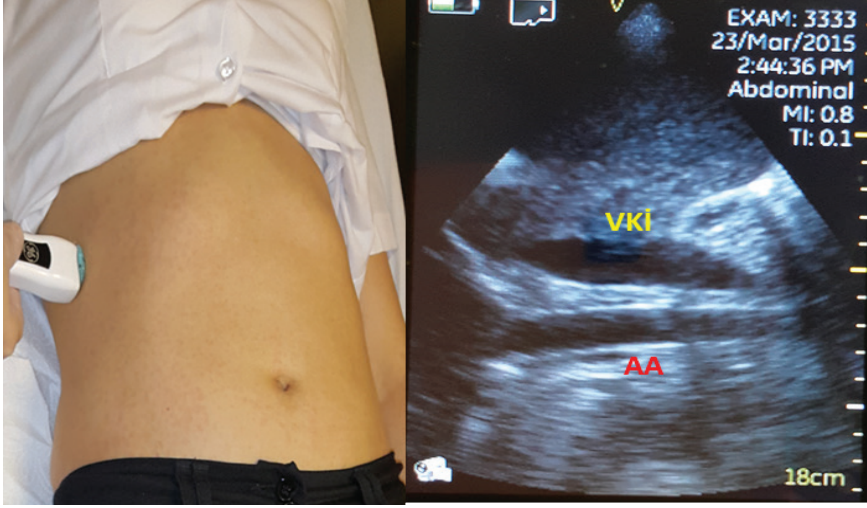
Teknik: Düşük frekanslı 3.5-5 MHz, konveks abdominalprob tercih edilir (Resim 1). Ultrason makinesi abdominal ya da mevcutsa aorta kullanımı için ayarlanmalıdır.



▲ Resim 1: Düşük frekanslı konveks prob.

Görüntü Elde Etme Aşamaları:

- i. Hastanın kimlik ve dosya bilgileri hastane kayıt sistemine kayıt edilir.
- ii. Hasta uyumlu ise; supin pozisyonda iken dizler fleksiyona getirilir.
- iii. Hasta uyumlu ise; karaciğerin akustik pencere olarak daha iyi kullanılabilmesi amacıyla, inspirasyon sonunda hastaya nefesini tutması söylenerek, diyafragma ve karaciğerin ksifoidin altında kalması sağlanır.



▲ Resim 10: Koronal kesit abdominal aort görüntüsü.

Kaynaklar

1. Wu S.,Blackstock U., Lewiss R., Saul T., Bagley W.Focus On: BedsideUltrasound of theAbdominal Aorta. 2010. Erişim:<http://www.acep.org/Clinical--Practice-Management/Focus-On--Bedside-Ultrasound-of-the-Abdominal-Aorta/>. Erişim Tarihi: 08.12.2014.
2. AmericanCollege of EmergencyPhysicians. Policy Statement: Emergencyultrasoundguidelines. 2008. Erişim: <http://www.acep.org/search.aspx?search-text=ultrasound>. Erişim Tarihi: 31.11.2014.
3. Tayal VS.,Graf CD., Gibbs MA. Prospectivestudy of accuracypandoutcome of emergencyultrasoundforabdominalaorticaneurysmovertwoyears. *AcadEmerg-Med.* 2003; 10: 867-871.
4. Reardon RF.,Cook T., Plummer D. AbdominalAorticAneurysm. In: EmergencyUltrasound. Ma O.J.,Mateer J.R., Blaivas M.(Ed.) Second Edition. China, TheMcGrow-HillCompanies, 2008. p: 149-167.
5. NobleVE, Nelson BP. Emergencyand Critical CareUltrasound. Second Edition. New York, Cambridge UniversityPress, 2011. p: 115-130.
6. Hirsch AT, Haskal ZJ, Hertzner NR, et al. ACC/AHA 2005 PracticeGuidelinesforthemangement of patientswithperipheralarterialdisease (lowerextremity, renal, mesenteric, andabdominalaortic): A collaborativereportfromtheAmericanAssociationforVascularSurgery/SocietyforVascularSurgery, SocietyforCardiovascularAngiographyandInterventions, Societyfor Vascular Medicineand Biology, Society of Interventional Radiology, andthe ACC/AHA Task Force on PracticeGuidelines (WritingCommitteetoDevelopGuidelinesforthe Management of PatientsWithPeripheralArterialDisease); EndorsedbytheAmericanAssociation of CardiovascularandPulmonaryRehabilitation; NationalHe-

- art, Lung, and Blood Institute; Society for Vascular Nursing; Trans-Atlantic Inter-Society Consensus; and Vascular Disease Foundation. *Circulation* 2006; 113: 463-654.
7. Aggarwal S., Qamar A., Sharma V., Sharma A. Abdominal aortic aneurysm: A comprehensive review. *Exp Clin Cardiol* 2011; 16: 11-15.
 8. Lederle FA., Johnson GR., Wilson SE., et al. Rupture rate of large abdominal aortic aneurysms in patients refusing or unfit for elective repair. *JAMA* 2002; 287: 2968-2972.
 9. Strachan DP. Predictors of death from aortic aneurysm among middle-aged men: The Whitehall Study. *British Journal of Surgery* 1991; 78: 401-404.
 10. Kent K.C., Zwolink R.M., Jaff M.R., et al. Screening for abdominal aortic aneurysm: A consensus statement. *J Vasc Surg* 2004; 39: 267-269.
 11. Sing K., Bona KH., Jacobsen BK., Bjork L., Solberg S. Prevalence of and risk factors for abdominal aortic aneurysms in a population-based study: The Tromsø Study. *Am J Epidemiol* 2001; 154: 236-244.
 12. Acosta S., Ogren M., Bengtsson H., Bergqvist D., Lindblad B., Zdanowski Z. Increasing incidence of ruptured abdominal aortic aneurysm: A population-based study. *J Vasc Surg* 2006; 44: 237-243.
 13. Bown MJ., Sutton AJ., Bell PRF., Sayers RD. A meta-analysis of 50 years of ruptured abdominal aortic aneurysm repair. *British Journal of Surgery* 2002; 89: 714-730.
 14. Rubano E., Mehta N., Caputo W., Paladino L., Sinert R. Systematic review: emergency department bedside ultrasonography for diagnosing suspected abdominal aortic aneurysm. *Academic Emergency Medicine* 2013; 20: 128-138.
 15. Miller J. Small ruptured abdominal aneurysms diagnosed by emergency physician ultrasound. *Am J Emerg Med* 1999; 17: 174-175.
 16. Plummer D., Clinton J., Matthew B. Emergency department ultrasound improves time to diagnosis and survival in ruptured abdominal aortic aneurysm. *Acad Emerg Med* 1998; 5: 417.
 17. American College of Emergency Physicians. Clinical policy: critical issues for the initial evaluation and management of patients presenting with a chief complaint of nontraumatic acute abdominal pain. *Ann Emerg Med* 2000; 36: 406-415.
 18. Leung MK. Ultrasound of Abdominal Aorta. Ultrasonography for Emergency Physician at Hong Kong College of Emergency Medicine. Erişim: <http://www.hkcem.com/html/courses/usg/files/course/AortaUSG.pdf>. Erişim Tarihi: 02.01.2015.