

# 1. BÖLÜM

## NON VASKÜLER GİRİŞİMSEL İŞLEMLERDE TEMEL BİLGİLER

Nazmi KURT<sup>1</sup>

### GİRİŞ

Görüntüleme eşliğinde girişimsel radyoloji terimi ilk defa 1967 yılında Margulis tarafından kullanılmıştır (1). Burhenne tarafından ise 1973 yılında ilk kez non-vasküler girişimsel işlem uygulanmış olup safra yollarında saptanan safra taşları floroskopi eşliğinde perkütan olarak çıkarılmıştır (2). Girişimsel radyoloji ile yapılan işlemler gelişme göstererek günümüze kadar ulaşmış ve vücudun her sisteminde uygulanabilir hale gelmiştir. Ultrasonografi (USG), Bilgisayarlı Tomografi (BT) ve Manyetik rezonans (MR) görüntülemeleri eşliğinde biyopsiler, apse drenajları, biliyer ve üriner perkütan kateterizasyon, stent uygulamaları, doku ablyasyon teknikleri uygulanmaktadır.

### Non-Vasküler Girişimsel İşlemler ve Malzemeler

Apse veya sıvı lokülasyonlarının tanı ve tedavisinde drenaj işlemleri sıklıkla uygulanmaktadır. Çeşitli endikasyonlar mevcut olup uygun görüntüleme yöntemi eşliğinde drenaj işlemi gerçekleştirilmelidir (Tablo 1). Drenaj kateteri uygulaması, hastaların yaklaşık %80'inde tedavi edicidir. Yaklaşık %5-10 hastada ise rekürrens izlenebilmektedir (3). Kanama, sepsis, barsak veya plevra geçişi gibi majör komplikasyonlar nadiren izlenebilmektedir. Drenaj işlemlerinde Chiba iğne, kılavuz tel ve dilatatör gibi çeşitli malzemeler uygun prosedüre göre kullanılmaktadır.

**Tablo 1. Drenaj işlemleri endikasyonları**

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| Sıvı karakterizasyonu   |
| Apse drenajı ve tedavisi  |
| Enfekte olmayan serbest sıvıların drenajı   |
| Basiya bağlı semptomların tedavisi (Ağrı, venöz bası, solunum sıkıntısı vs...)  |
| Yapılacak farkı girişimsel işlemin komplikasyon riskini azaltmak (biliyer drenaj öncesi batın içi sıvının boşaltılması vs...) |

<sup>1</sup> Uzm. Dr. Nazmi KURT, Tekirdağ Malkara Devlet Hastanesi, nazmikurtx@gmail.com

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