

15. BÖLÜM

RENAL VE ADRENAL ARTERYEL GİRİŞİMSEL İŞLEMLER

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GİRİŞ

Renal arter hastalıklarının tanısında invaziv anjiyografi günümüzde hala altın standart olarak kabul edilmektedir (1). Özellikle renal arter darlığı, fibromusküler displazi gibi hipertansiyon sebeplerinin araştırılmasında, travma ya da girişimlere bağlı renal arter yaralanmalarında veya hipervasküler böbrek tümörlerinin embolizasyonunda sıklıkla kullanılmaktadır.

İnvaziv anjiyografi hem tanıda altın standart olması hem de aynı anda tedaviye olanak vermesi nedeniyle ultrasonografi (US), bilgisayarlı tomografi anjiyografi (BTA), manyetik rezonans anjiyografi (MRA) gibi non-invaziv tanı yöntemlerine göre ön plana çıkmaktadır. Ancak radyasyon içermesi, invaziv bir yöntem olması, arteriyel sistemde vazospazm ya da tromboembolik olaylara yol açabilmesi gibi dezavantajları mevcuttur (2).

RENAL VE ADRENAL ARTERLERİN ANATOMİSİ

Böbreğin arteriyel beslenmesi renal arterler ile sağlanmaktadır. Renal arterler genellikle L1-L2 intervertebral disk mesafesinde, süperiyor mezenterik arterin hemen altında abdominal aortadan köken almaktadır. Renal arterler genellikle sağda ve solda birer tane olmakla birlikte sayısal varyasyonları mevcuttur. Renal arterlerin en sık varyasyonları aksesuar renal arterler ve erken dallanmadır. Aksesuar renal arterler de polar arter ve hiler arterler olarak iki gruba ayrılır. Hiler arterler böbreğe renal arterden ayrı olarak hilustan girerken, polar arterler böbreğe hilus dışından girerler. Aksesuar renal arterlerin sıklığı değişmekle birlikte yaklaşık %30 oranında bildirilmiştir (3-5).

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sonuçlanmayacaktır. Ayrıca sağlam bir kontralateral bezin varlığı, yaşamı tehdit eden adrenal yetmezliğin gelişmesini önleyecektir (56).

|SONUÇ

İnvaziv anjiyografi, renal ve adrenal arter patolojilerinde tanıda hala altın standart yöntem olarak kabul edilmektedir. Aynı zamanda bu hastalıkların tedavisinde cerrahiye alternatif daha az invaziv bir yöntem olarak rol oynamakta ve daha düşük komplikasyon oranları ile ön plana çıkmaktadır.

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