Bölüm
8

BENİGN NEDENLİ İNTESTİNAL DARLIKLARA BAĞLI BULANTI KUSMA

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GİRİŞ

Kusma: Gastrik içeriğin güçlü bir şekilde oral yoldan atılmasıdır. Bulantı ise kusma isteği veya kusma dürtüsü olarak tanımlanabilir.

Gastrointestinal sistemin darlığı, gastrointestinal sistemin birçok hastalığı ile ilişkili nadir olmayan bir komplikasyonudur. Darlık (Striktür); gastrointestinal yolağın belirli bir kısmında radyolojik olarak belirlenmiş lüminal daralma oluşması ve bu daralma nedeniyle obstrüktif semptomlar meydana gelmesi olarak tanımlanabilir. Benign intestinal darlıkların etyolojisi ve insidansı gastrointestinal yolun etkilenen bölgesine göre değişim göstermektedir.

Ön bağırsak (foregut)'ın benign darlıkları yaygın olarak görülmektedir ve orta (midgut) ve arka bağırsak (hindgut)'ın daha nadir darlıklarına göre yapısal olarak belirgin farklılık göstermektedir (1).

ETYOLOJİ

En sık görülen benign foregut darlığı özofagus darlığıdır (1). Benign özofagus darlıklarının büyük çoğunluğu gastroözofageal reflüye bağlıdır (2,3). Yaygın olarak kostik yaralanmalar (4), endoskopik özofageal skleroterapi (5) ve 'hap' özofajiti (sıklıkla doksisiklin ve siprofloksasin) nedeniyle oluşmaktadır (1). Kostik yaralanmalar asit ve alkali temizlik maddelerinin evlerde bulundurulması nedeniyle sıklıkla küçük yaşlarda yanlışlıkla meydana gelir (4). Daha az sıklıkla cerrahi anastomoz, radyasyon özofajit , tüberküloz, viral ve fungal özofajit, eozinofilik

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Medikal tedavilerin başarısızlığı, endoskopik tedavilerin başarısız olması veya uygulanamayan durumlarda cerrahi rezeksiyonlar uygulanır (26). Cerrahi rezeksiyon sonrası anastomoz kaçağı, fistül, kısa bağırsak sendromu, anastomoz bölgesinde nüks gibi komplikasyonlar görülebilir (52). Bağırsak uzunluğunun korunması ve anastomoz kaçağı riskini azaltmak için striktüroplasti yaygın olarak kullanılmaktadır (53). Striktüroplasti aktif hastalıkta güvenlikle yapılabilir (54). Striktür ile ilişkili abse varlığı, perforasyon sonrası yaygın peritonit varlığı, malignite şüphesi olan striktürler de stiktüroplasti uygulanmamalıdır (54).

Sık kullanılan cerrahi prosedürleri değerlendiren bir meta-analizde Heineke-Mikulicz tekniği daha düşük morbiditeye, ancak Finney prosedürüne göre daha yüksek nüks oranına sahipti (55).

Benign anastomoz darlıkları kolon veya rektum rezekiyonu yapılan hastaların yaklaşık %22'sinde görülebilir (56). Anastomoz sonrası doku iskemisi, sütür hattında kanama, anastomoz kaçağı, radyoterapi anastomoz darlıklarından sorumlu tutulmaktadır (25). Darlık tedavisinde cerrahi rezeksiyon ve re-anastomoz yapılabilir. Basit, güvenilir ve etkili olması dolayısı ile endoskopik teknikler öncelikli tedavi yöntemi olmuştur (57). Buji dilatasyon, balon dilatasyon, elektrokoter insizyon kullanılan tedavi yöntemleridir (25).

SONUÇ

Benign intestinal darlıklar özefagustan anüse kadar tüm gastrointestinal kanalda pek çok farklı nedenle meydana gelebilir. Hastalar hekime darlığın neden olduğu bulantı ve kusma şikayetleri ile başvururlar. Bu noktada etyolojiden bağımsız birçok tedavi seçenekleri tercih edilmektedir. Ancak cerrahi işlemlerdeki yüksek mortalite ve morbidite hekimleri cerrahi dışı tedavi arayışına yöneltmiştir. Gelişen teknoloji ve klinik tecrübelerle uygun hastalara cerrahi dışı girişimler başarı ile uygulanabilir.

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