

9. BÖLÜM

PERKÜTAN NEFROLİTOTOMİ

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GİRİŞ

1976 yılında ilk defa Fernström ve Johansson tarafından gerçekleştirilen Perkütan Nefrolitotomi (PNL) operasyonu günümüze kadar geliştirilerek halen yapılmaya devam edilmektedir (1). European Association of Urology (EAU) 2020 kılavuzuna göre 2 santimetreden (cm) büyük böbrek taşları için, önerilen ilk tedavi seçeneğidir (2). Son yıllarda erişkin ve çocuk hastalarda açık taş cerrahileri, yerini büyük oranda PNL'ye bırakmıştır. Cerrahin tercihin ve hasta özelliklerine göre birçok farklı teknik ve yöntemle yapılabilen PNL' de, yetişkinde standart trakt olarak 24-30 F kabul edilmektedir. Çocuk hastalarda daha ince girişim kılıfları da kullanılabilir. Gelişen teknolojiyle birlikte, PNL yüksek başarı ve düşük komplikasyon oranları ile gerçekleştirilmeye devam etmektedir (3). Diğer tüm ameliyatlara gibi PNL' nin de bazı endikasyon ve kontrendikasyonları mevcuttur.

PNL ENDİKASYONLARI

Büyük böbrek taşlarında (>2 cm), diğer böbrek taşı operasyonlarında veya ESWL sonrasında kırılan parçaların düşmesini engelleyecek anatomik obstrüksiyon olması durumunda, Ekstrakorporal Shockwave Lithotripsi (ESWL) uygulanamayan hastalarda (Vücut postürünün uygun olmaması, ESWL dirençli taş vs.), enfeksiyon taşları gibi tüm kalküler yapının temizlenmesi gerektiği durumlarda, başka girişimlerin başarısız olması durumunda, alt pol taşlarında, divertikül taşlarında, atnalı böbreklerde ve büyük proksimal üreter taşlarında PNL uygulanabilmektedir.

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lar nedeniyle oluşur (62). Kan transfüzyonu ve IV mayii replasmanına rağmen vakaların % 1.4'ünde renal anjiyografi ve selektif anjiyoembolizasyon gerekebilmektedir (63). Kanama dışında, PNL esnasında toplayıcı sistem hasarı ve buna bağlı perirenal sıvı ekstrevasyonu oluşabilir. Pnömotoraks, hemotoraks, plevral effüzyon, böbreğe komşu diğer organ yaralanmaları, ateş, sepsis, rezidü taş parçaları veya hematomlara bağlı postoperatif renal kolik, nefrokütanöz fistül, nörovasküler yaralanmalar, venöz tromboemboli, hava embolisi, kontrast alerjisi, pozisyon nedeniyle meydana gelebilen kas iskelet sistemi hasarları, üreteropelvik bileşke darlığı, infundibuler darlık ve renal fonksiyon kaybı PNL esnasında veya sonrasında görülebilen diğer komplikasyonlardır.

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