

14. BÖLÜM

ÇOCUKLARDA ÜRİNER SİSTEM TAŞ HASTALIKLARI

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Pediyatrik taş hastalığı pediyatrik üroloji pratiğinde önemli bir klinik sorundur. Üriner sistem taşları çocuklarda erişkinlerde olduğundan daha seyrek görülür. Bütün yaş gurupları bir arada değerlendirildiğinde pediyatrik ürolitiazis olguları toplamın %2-2,5'ini meydana getirir.(1,2,3,4,5,6). Son yıllarda pediyatrik ürolitiazis tanısında artış gözlenmektedir; bu artışın sebebi yetersiz sıvı alımı, sedanter yaşam tarzı, sodyum ve karbonhidratlardan zengin besinlerin tüketilmesi, uygunsuz D vitamini desteği ve ultrasonografi kullanımının yaygınlaşması gösterilmiştir (7). Üriner sistem taşları erkek çocuklarda kızlardan biraz daha sıktır; literatürde erkek/kız oranı ortalama 1,5'tur (2,6,8,9). Pediyatrik taş hastalıkları batı ülkelerinde de % 1-5 görülmekte, gelişmekte olan ülkeler ise % 5-15 oranında görülmektedir (10). Son çalışmalarda gelişmiş ülkelerde de pediyatrik taş sıklığının arttığı gösterilmiştir (11).

Çocuklarda taş hastalıklarının tanısı için öykü, fizik muayene, laboratuvar bulguları ve radyoloji yöntemlerinin beraber değerlendirilmesi gerekmektedir.

ANAMNEZ VE BULGULAR

Çocuklarda üriner sistem taşlarının semptomları genellikle; kolik karın ağrısı, bulantı, kusma, hematüri veya dizüridir (12). Pediyatrik yaş grubunda ürolitiazisin en sık belirtisi hematüridir. Mikroskopik veya makroskopik hematüri olguların %90'ında vardır. Renal kolik çocukların %50'sinde gözlenir. Küçük yaştaki çocuklar daha çok idrar yolu enfeksiyonuyla, özellikle de Proteus etkenli enfeksiyonla başvururlar. Küçük çocuklarda huzursuzluk ve kusmada nonspesifik olarak görülür. Büyük yaştaki çocuklar daha çok flank ağrı ve hematüri ile başvurur. Taşlar, üreteropelvik bileşkede, distal üreter ve mesane boynunda obstrüksiyona neden

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Çocuklarda taş yükü fazlalığı tedaviyi zorlar ve çoklu operasyonlara veya açık cerrahiye gerek duyulabilir. Laparoskopi ve robotik-destekli laparoskopik taş tedavileri transperitoneal veya retroperitoneal olarak başarılı bir biçimde kullanılmaktadır.

Mesane Taşları İçin Perkütan Sistolitotripsisi

Mesane taşları çoğunlukla az gelişmiş olan ülkelerdeki çocuklarda görülür. Bu az gelişmiş olan ülkelerdeki çocukların mesane taşları çoğunlukla amonyum ürat ve ürik asit yapısındadır (73). Mesane augmentasyonlarında mesane taşı riski %15'in üzerindedir (76).

Açık sistolitotomi mesane taşı tedavisinde sık kullanılan bir yöntemdir özellikle büyük mesane taşlarında. Transüretal sistolitotripsisi pediatrik yaş grubunda üretra travması nedeniyle ideal olmayabilir, aynı zamanda çocuklarda küçük kalibre üretra mesane taşı yükü fazlalığının etkili tedavisini kısıtlar. Perkütan sistolitotripsisi postoperatif küçük insizyon ve daha kısa hastanede kalma süresi avantajları sebebiyle artık dünya çapında kullanılmaktadır (74).

Çocuklara yerleştirilen 16-30 Fr kılıf yoluyla nefroskop veya üreteroskop ile başarılı bir şekilde tedavi edilir (75).

Forceps kullanılarak 26 Fr nefroskop ile <1 cm taşlar çıkarılabilir veya >1 cm taşlar ultrasonik litotriptör kullanılarak fragmente edilebilir.

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