

PARATİROİD HASTALIKLARINDA RADYONÜKLİD GÖRÜNTÜLEME YÖNTEMLERİ

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Giriş

Hiperparatiroidizm (HPT), paratiroid hormonun (PTH) paratiroid bezlerinden artmış sekresyonuna bağlı gelişen klinik durumdur ve multiple organ sistemini etkileyerek çeşitli semptom, bulgu ve komplikasyonlara neden olmaktadır. Hiperparatiroidizm primer, sekonder ve tersiyer olarak sınıflandırılır. Primer hiperparatiroidi (PHPT) hiperfonksiyone paratiroid bezlerinden kaynaklanmakta olup, olguların yaklaşık %80'inde paratiroid adenomu kaynaklıdır. %15-20 hastada paratiroid hiperplazisi izlenirken, olguların%1'inden azını paratiroid karsinomu oluşturur (1). Hiperparatiroidinin kesin tedavisi hiperfonksiyone bez veya bezlerin eksizyonudur. Paratiroidektomide klasik cerrahi yaklaşım bilateral boyun eksplozasyonudur, ancak son 20 yılda minimal invaziv paratiroidektomi daha az komplikasyon ve daha kısa hastane yatış süreleri ile tercih edilen cerrahi yöntem olmuştur.

Başarılı cerrahi için ameliyat öncesinde paratiroid adenom/adenomlarının doğru lokalizasyonu kritik önem taşımaktadır. Bu amaçla kullanılan

tanısal görüntüleme yöntemleri ultrasonografi (US), bilgisayarlı tomografi (BT), magnetik rezonans görüntüleme ve radyonüklid görüntüleme yöntemleridir. Paratiroid patolojilerinin değerlendirilmesinde kullanılan radyonüklid yöntemler temel olarak sintigrafik yöntemler ve pozitron emisyon tomografisi (PET) ile görüntüleme olarak iki başlıkta değerlendirilebilir. Bu tanısal yöntemlerde kullanılan radyofarmasötikler ve özellikleri tablo-1'de yer almaktadır (2).

Paratiroid Sintigrafisi

Paratiroid sintigrafisinde ilk kullanılan ajanlar ⁵⁷Co-siyanokobalamin ve ⁷⁵Se-selenometyonindir. 1960'ların başlarında kullanılan bu iki radyofarmasötiğin tutulum düzeyleri düşük, görüntü kalitesi suboptimal olup, hastanın radyasyona maruz kalma yüksektir (3-5).

Fukuda ve ark'nın 1979'da ²⁰¹Talyum'un patolojik paratiroid bezlerinde tutulumunu göstermesini takiben 1980'lerin başında Ferlin ve ark. paratiroid sintigrafisinde *dual tracer* ile çıkartma sintigrafisini tanımlamışlardır (6,7). ²⁰¹Talyum

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diğer görüntüleme yöntemleri ile korele edilmesi tetkiklerin tanısal doğruluğunu arttırmaktadır. Daha düşük maliyeti ve kolay ulaşılabilir olması nedeniyle öncelikle sintigrafik görüntüleme ter-

cih edilmeli, sintigrafik görüntülemenin negatif olduğu olgularda lokal bulunabilirliğe göre uygun PET görüntüleme ajanı ile görüntüleme yapılmalıdır.

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