

Üreteral Travmaya Yaklaşım

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GİRİŞ

Üreteral yaralanma diğer ürolojik travmalara nazaran daha az görülmektedir. Bunun ana sebepleri üreterin ince kendine has yarı elastiki yapısı, travma esnasında hareket ederek (kayarak) travma alanından uzaklaşabilmesidir. Ayrıca üreterin anatomik lokalizasyonu da üreterin travmaya bağlı yaralanmasında koruyucudur. Üreter, retroperitoneal bölgededir; önde periton ve batin içi organlar tarafından korunurken, arkada psoas adelesi, kemik pelvis ve vertebra tarafından korunmaktadır. İyatrojenik (jinekoloji, intestinal, ürolojik cerrahileri sırasında) üreter travmaları %75'lik oran ile üreter yaralanmalarının en sık nedenidir (1). Tüm cerrahi tekniklerde (Açık, laparoskopik, robotik ve endoskopik) görülebilir ve çoğunluklar ameliyat sırasında farkedilemez. Erken dönemde farkedilemeyen üreteral yaralanmalar hayatı tehdit edici; sepsis, sekel bırakıcı; üreteral fistüller ve böbrek yetmezliği gibi komplikasyonlara yol açabilirler (2).

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