

# Ürogenital Travma Hastasında Radyolojik Değerlendirme

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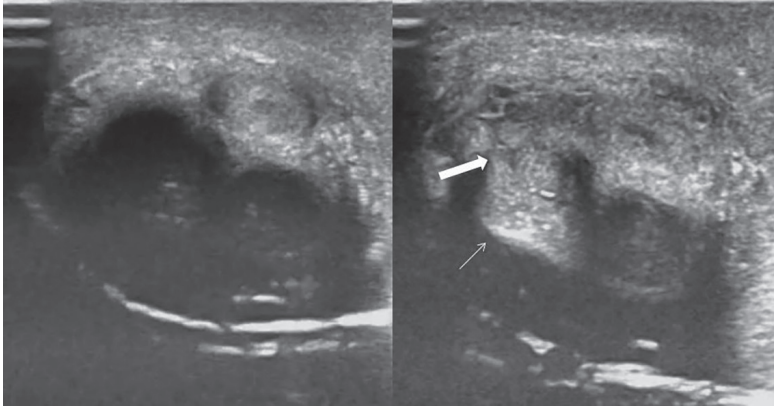
## GİRİŞ

Künt ve penetran travmalar, genitoüriner organlarda önemli yaralanmalara neden olabilir. Radyolojik görüntüleme, bu yaralanmaların hem teşhisinde hem de tedavisinin belirlenmesi ve takibinde kritik bir rol oynar (1). Ürolojik yaralanmalar genellikle travma cerrahları ile yakın işbirliği gerektiren ciddi, çoklu sistem travmanın bir parçası olarak ortaya çıkar (2). Dünya genelinde tüm ölümlerin yaklaşık %10'unun sebebi travma olup, önemli bir sağlık yükü oluşturmaktadır (3). 15-45 yaş grubunda major ölüm sebeplerinden birisidir (4). Abdomino-pelvik ve perineal travma sırasında ürogenital sistem ve organlar risk altındadır (5). Yüksek dereceli renal yaralanmalar haricinde ürogenital travmalar nadiren ölümcüldür (6). Medikal prosedürler esnasında iyatrojenik yaralanmalar gelişebilir ki bu durumda özellikle üretra risk altındadır (7). Üretral mukozaya yönelik herhangi bir travma (iyatrojenik veya noniyatrojenik) daha sonra üretral darlığa neden olabilir (8).

Ürogenital travma tanısında başlangıç görüntüleme yöntemi genellikle ultrason (US) olmakta ancak en sık ve en önemli radyolojik görüntüleme yöntemini kontrastlı bilgisayarlı tomografi (BT) olmaktadır. Arada kalınan vakalarda ise manyetik rezonans görüntüleme

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MRG, tunika albugineadaki defekti ve çevredeki hematomu göstermeye yardımcı olabilir (42) (Şekil 4).



**Şekil 4.** 38 yaşında, erkek hasta. Solda, penis normal US görüntüsü. Sağda, sol kavernöz cisim tunika albugineada rüptür (kalın ok), ve sol kavernöz cisimde kanamaya sekonder ekojenite artışı (ince ok) izlenmekte.

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