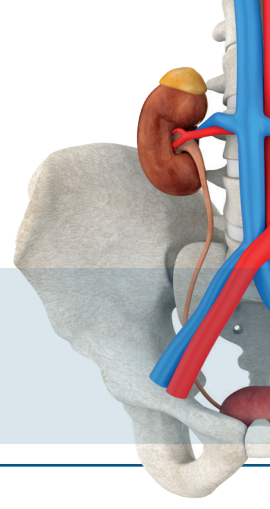


ADRENAL GLAND PATOLOJİLERİ 1



Melike ŞENER SORGUN ¹

ANATOMİ VE GÖRÜNTÜLEME YÖNTEMLERİ

Giriş

Adrenal bezleri ilk defa, 1552 yılında İtalyan anatomist Bartolomeo Eusthachia, “glandulae renis incumbentes” (glands lying on the kidney) ifadesiyle tanımlamıştır. Hızlı otolize uğradığından otopsielerde adrenal bezler kapsül şeklinde görülürler. Bu sebeple, 17-19. yüzyılda “suprarenal kapsül” olarak isimlendirilmiştir (1).

Embriyoloji

Adrenal bez dual embriyolojik kökene sahiptir. Dışta mezodermden kaynaklanan bir korteks ve santralde nöral krestten kaynaklanan medulladan oluşmaktadır. Adrenal bezin embriyolojik gelişimi sırasında korteks ve medulla, özellikle paraaortik alanda, mediastende, mesanede ve vaginal alanlarda aksesuar hücre toplulukları oluşturabilir. Adrenokortikal kalıntılara en sık olarak adrenal bezlerin çevresinde, böbrek içinde, overde, over pedikülünde ve testiste rastlanır. Anormal lokalizasyonlu adrenal korteksin 3 adet klinik önemi vardır: (2)

1. Adrenalektomiden sonra bu kaynaklardan adrenal aktivite devam edebilir.
2. Anormal lokalizasyonlu normal bezlerin nefrektomi sırasında çıkarılmasıyla adrenal yetmezlik gelişebilir.
3. Neoplastik oluşumlar geliştirebilir.

Adrenal bezin ağırlık olarak yaklaşık %90'ını korteks, geri kalanını medulla oluşturmaktadır. Bu iki tabaka, embriyolojik, histolojik, anatomik, ve sekretuar açıdan birbirinden tamamen farklıdır. Korteks steroid sentezi yapar, glandın periferinde-kapsül altında bulunur. Medulla ise katekolamin sentezleyen ve adrenal bezin santralini oluşturan parçadır. Adrenal korteks, hücrelerin diziliş temeline göre 3 ayrı zona ayrılır: Zona glomeruloza, zona fasikülata ve zona retikularis.

Anatomi

Adrenal bezler, perirenal boşlukta, böbreklerin üst polünün hemen anterosuperiorunda yer alan ve kendine ait gerçek bir kapsüle sahip olan iki adet organdır. Gövde ve medial/lateral olmak üzere iki krustan oluşur. Krusun genişliği, aksiyel düzlemde uzun eksene dik olarak ölçüldüğünde

¹ Uzm. Dr., İzmir Bakırçay Üniversitesi Eğitim ve Araştırma Hastanesi Radyoloji AD., melike.sener@hotmail.com

metastazları adenomlardan ayırmada sınırlamaları vardır (126).

Primer malignitesi bilinen hastalarda, bilateral adrenal metastazların tanısı genellikle biyopsi ve belirli bir kesinlikte görüntüleme ile konur. İçerdiği riskler nedeniyle, perkütan iğne biyopsisi yapılmak istendiğinde, histopatolojik tanılandırmanın, tedavi veya prognoz üzerinde önemli bir etkisi olup olmayacağının belirlenmesi gereklidir.

PET-BT'nin adrenal metastazı saptamadaki tanısallık sınırlıdır. Adrenal kortikal hiperplazi, adenomlar ve endotelial kistler gibi lezyonlar yanlış pozitiflik gösterebilir ve metastaz olarak yorumlanabilir.

Kısaltmalar:

USG	: Ultrasonografi
BT	: Bilgisayarlı tomografi
MRG	: Manyetik rezonans görüntüleme
T1A	: T1 ağırlıklı
T2A	: T2 ağırlıklı
DAG	: Difüzyon ağırlıklı görüntüleme
ADC	: Apperent diffusion coefficient
FDG	: Florodeoksiglukoz
SII	: Adrenal duyarlılık indeksi
ASR	: Adrenal-dalak kimyasal şift oranı
CSI	: Kimyasal şift görüntüleme

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