

BÖLÜM 6

Bronkoplevral Fistüller

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GİRİŞ

Bronkoplevral fistül (BPF), plevral boşluk ile bronşlar arasında oluşan patolojik iletişimidir. Bronkoplevral fistülde akciğerlere solunan hava plevral alana geçmektedir (1). Nadir görülen bir durum olsada tanı konulduktan sonra zorlu bir tedavi sürecine sahiptir (2).

Pulmoner rezeksiyon sonrası görülen bronkoplevral fistüller tanı konulduktan sonra tedavisi en zor olan komplikasyonlardan biridir. Bronkoplevral fistüller, pulmoner rezeksiyon sonrası %1.4-2.2, lobektomi sonrası %1.2-1.4 ve pnömonektomi sonrası %4.4-14.3 değişen görünme oranına sahiptir (3,4).

Erken dönemde oluşan BPF'ler, genellikle santral olup, operasyondaki teknik başarısızlık nedeniyle meydana gelirler. Bu tür BPF'ler primer cerrahi onarım (tekrar rezeksiyon ve güdük revizyonu) ile tedavi edilirler. Geç dönemde gelişen BPF'ler ise sıklıkla distal parankimal defektler nedeniyle meydana gelirler ve tanılarını veya tedavileri daha zor olabilen daha küçük bir bağlantı şeklinedirler (5).

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1700 hastanın 39'unun en az 24 saat süren BPF'ye sahip olduğunu bulmuşlardır. Bu 39 hastada genel mortalite %67 bulmuşlar. BPF hastalığının erken döneminden ziyade geç geliştiğinde mortalitenin daha yüksek olduğunu bulmuşlar (54). Bu çalışmada ayrıca büyük hava kaçakları olan hastalarda daha küçük kaçaklara kıyasla önemli mortaliteye sahip olduğunu bulmuşlardır. Mekanik ventilasyon sırasında BPF'nin mortalitesi yüksek hastaları belirlediği, ancak bu komplikasyonlardan kaynaklanan yönetilemeyen solunumsal asidozun nadir olduğu sonucuna varmışlardır. Omental ve torasik flep kullanan raporlar mortalitenin azaldığını göstermiştir (55).

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