

# BÖLÜM 9

## Meme Apsesi ve Fistülleri

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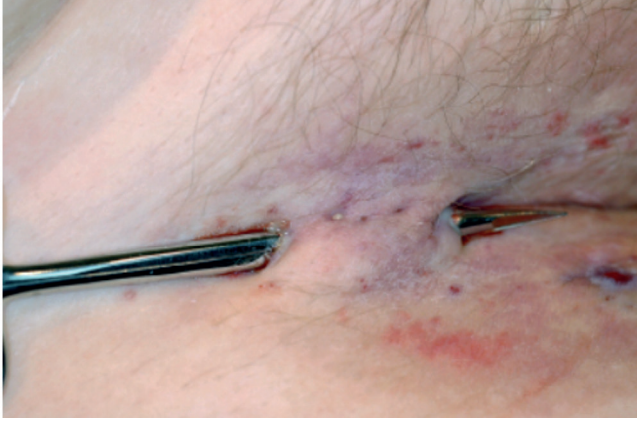
### GİRİŞ

Meme absesi, meme dokusunda lokalize bir enflamatuvar eksüda koleksiyonudur. Meme apseleri en sık mastit veya selülit antibiyotik tedavisine cevap vermediğinde gelişir, ancak apse de meme enfeksiyonunun ilk prezentasyonu olabilir. Emzirmede nadir görülen bir sorundur ve insidansı yüzde 0,1 olarak bildirilmiştir (1); antibiyotik tedavisi gören mastitli kadınlarda görülme sıklığı yüzde 3'tür (2). Meme absesi de novo (yani birincil; provoke edici bir hastalık yok) gelişebilir veya periduktal mastit, meme üzerinde cilt enfeksiyonu veya granülomatöz lobüler mastit gibi başka bir hastalık sürecinin (yani ikincil) bir komplikasyonu olarak ortaya çıkabilir.

### ETİYOLOJİ VE RİSK FAKTÖRLERİ

Primer meme apseleri mastitin bir komplikasyonu olarak gelişir (3). Cerrahi müdahale gerektiren primer meme absesi olan 89 hastanın gözden geçirilmesinde, yüzde 14'ü laktasyonel mastit komplikasyonları ve yüzde 86'sı laktasyonel olmayan mastit komplikasyonlarıydı(4). Meme apselerinin görülme sıklığı emziren annelerin yüzde 0,4-11'i arasında değişmektedir (1). Emzirmeyen kadınlarda meme apseleri, Afrikalı Amerikalılarda, obezitesi olanlarda ve sigara içenlerde daha sık görülür.

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**Resim 6.** Aksiller Fistül

Sınırlı bir alanda çoklu tekrarlayan nodüllerin gelişimi, birbiriyle iletişim kuran tünellerin oluşumuna neden olabilir. Cilt tünelleri olan hastalar genellikle hemorajik, seropürülan, kötü kokulu akıntı problemi yaşarlar. Cilt tünelleri her zaman inspeksiyonla saptanamayabilmirler ve bazı durumlarda, bir tünel ancak bir lezyona enjekte edilen bir madde (örneğin, lokal anestezi) enjeksiyon bölgesinden uzak bir bölgede görüldüğünde veya ultrason ile görselleştirildiğinde tespit edilebilir. Ülserasyon cilt tüneli oluşumuna eşlik edebilir. Bazen, piyojenik granülomlar cilt tüneli açıklıklarında gelişir .

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