

# BÖLÜM 11

## Gastroenterik İnce Bağırsak Fistülleri ve Gastrobiliyer Fistüller

Orçun ALPAY<sup>1</sup>

### GASTROİNTESTİNAL FİSTÜLLER

Fistül, iki epitelize yüzey arasındaki herhangi bir anormal anatomik bağlantıdır ve birçok klinik durumu içeren bir tanımdır. Batın içi fistüller; gastrointestinal sistem veya genitouriner sistem gibi içi boş bir organın epitelize olmuş bir yüzeyinden veya karaciğer, pankreas kanallarından kaynaklanabilir.

#### Klasifikasyon

Genel olarak fistüller anatomi ve fizyolojilerine göre sınıflandırılır. Anatomik sınıflandırmalar fistülün orijinine ve drenaj noktasına göre yapılır. Bu anatomik sınıflandırma sistemine göre fistüller internal ve eksternal olarak ikiye ayrılırlar. İnternal fistüller iki epitel yüzeyi arasında drene olurken, eksternal fistüller vücudun dış yüzeyine drene olur. Fizyolojik sınıflandırmalar ve hacim sınıflandırmaları 24 saatlik periyottaki fistül debisine göre belirlenir. Yüksek debili (>500ml/gün) veya düşük debili (<200ml/gün) olarak ayrılırlar. Etiyolojiye göre primer (bağırsak hastalığına bağlı gelişen) ve sekonder (cerrahi müdahale sonrası gelişen) olarak isimlendirilirler.

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varlığında veya malignite şüphesi yüksek olduğunda cerrahi tedavi önerilir. Cerrahi tedavi bir aşamalı veya iki aşamalı prosedür olarak uygulanmalıdır. Tek aşamalı cerrahi tedavi, tek bir ameliyatta enterolitotomi, kolesistektomi ve fistül onarımının birarada yapılmasını ifade eder. İki aşamalı cerrahi tedavi, enterolitotomi ve kolesistektominin iki ayrı operasyonda yapılması anlamına gelmektedir. 2 aşamalı cerrahi tedavide, inflamatuvar sürecin gerilemesi için tıkanıklığa sebebiyet veren taşın çıkarılmasından birkaç hafta sonra rezeksiyon yapılması amaçlanır (57). Birden fazla komorbiditesi olan ve genel durumu kötü olan hastalarda iki aşamalı cerrahi tedavi yönteminin mortaliteyi önemli ölçüde azalttığı gösterilmiştir (58).

Komplike olmayan gastrobiliyer fistüller tedavi edilmeden bırakılabilir. Genellikle bu fistüller kendiliğinden iyileşebilir; ancak ülser hastalığı için PPI ve anti-asitlerle medikal tedavi endikedir (59,60). Komplike gastrobiliyer fistüller endoskopik veya cerrahi olarak tedavi edilmelidir. Komplike olması durumunda fistülün standart tedavisi kolesistektomi ve fistül açıklığının onarımıdır. Ortak safra kanalı eksplorasyonu, T-tüp yerleştirme, koledokoduodenostomi, tüp duodenostomi, enterolitotomi ve hepatikojejunostomi de gerekli durumlarda kullanılabilir.

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