

# BÖLÜM 20

## Enteroatmosferik Fistüller

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### TERMİNOLOJİ

Enteroatmosferik fistül; gastrointestinal orijinli atmosferik sonlanım gösteren fistüllere verilen terminolojik isimdir ve enterokütanöz fistüllerin alt tipidir. Geçirilmiş cerrahi sonrası açık karın ile yönetilen hastalarda görülür ve fistülün açılım gösterdiği bölge üzerinde yumuşak doku veya cilt mevcut değildir. Çoğunlukla travma veya acil cerrahi gereksinim duyulan hastalarda hasar kontrol cerrahisi sonrasında oluşur(1,2). Amerikan Travma Cerrahisi Derneği(AAST)'nin verilerine göre açık karın ile hasar kontrol cerrahisi uygulanmış 517 hastanın 111'inde(%21) enteroatmosferik fistül saptanmıştır.

Fistüllerin sınıflaması; etiyojisine göre spontan veya iyatrojenik, kökenine göre( gastrik, duodenal, jejunal, ileal, kolonik, rektal) ve debisine(düşük debili, orta debili, yüksek ebilir) göre yapılabilir. Fistül debisi fistülün lokalizasyonuna, uzunluğuna ve çapına göre farklılık gösterebilir. 200ml/gün altındaki fistüller düşük debili kabul edilirken, 500ml/gün üzerindeki fistüller yüksek debili kabul edilir.

### KLİNİK

Enteroatmosferik fistüllerin klinik bulguları arasında cerrahi sonrası artan karın ağrısı, bulantı, kusma, defekasyon yapamama ve en önemlisi karın içeri-

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