# BÖLÜM 30

# FİSTÜL KOMPLİKASYONLARI

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## GİRİŞ

Fistül, epitelize iki boşluk veya organ arasındaki anormal bağlantıdır. Tüm fistüllerde ortak olan komplikasyonlar enfeksiyon ve sıvı kaybıdır.

Farklı organ sistemlerinden kaynaklanan fistüllerin çok farklı çıktıları olacaktır. Elektrolit ve beslenme kayıpları, orijin organları arasında büyük farklılıklar gösterebilir. Örnek olarak, mide sıvısı daha yüksek bir asiditeye sahiptir. Bu bilgi enterokutan fistüllerin tedavisinde gerekli olabilir.

Sıvı elektrolit kayıplarının tespitinin yapılması, enfeksiyon için kültür örneği almak önemlidir.

Fistülün yerine göre farklı komplikasyonlar bulunmaktadır. Alt başlıklar halinde en çok görülen fistüllerin komplikasyonlarından bahsedilecektir.

## BRONKOPLEVRAL FİSTÜL

Ana gövde, lober veya segmental bronş ile plevral boşluk arasındaki patolojik bağlantıya bronkoplevral fistül (BPF) adı verilir. BPF'li hastalar akut tansiyon pnömotoraks semptomlarından ampiyemin subakut semptomlarına kadar değişen semptomlarla başvurabilirler.

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fekal kirlenmesi de yaygın şikayetlerdir. Bu semptomlar, hastanın bağırsak hareketleri gevşek olduğunda daha belirgin olabilir. Bazen küçük bir fistül asemptomatik olabilir.

AVF olduğundan şüphelenilen hastalar, aciliyetle ilişkili fekal inkontinansın yanı sıra fekal aciliyet semptomları hakkında da sorgulanmalıdır. Bu ek semptomlar genellikle dış anal sfinkterin bozulmasını düşündürür.

## ÜROGENİTAL FİSTÜLLER

Ürogenital fistüller, kadın genital sistemi ile mesane, üretra veya üreterler arasındaki anormal iletişimlerdir. İdrar yolu ile vajina arasındaki fistüller tipik olarak vajinadan ağrısız idrar kaçağı ile sonuçlanır. Aralıklı sızıntı, özellikle pozisyonel olduğunda, üreterovajinal fistülün bir işareti olabilirken, sürekli idrar kaybı daha çok vezikovajinal fistüllerin karakteristiğidir.

## ANOREKTAL FİSTÜLLER

Anorektal fistül, anal apse oluşturan akut perirektal sürecin kronik tezahürüdür (68). Apse spontan drene olduğunda veya boşaltıldığında, anüs veya rektumdaki apseyi perirektal deri ile birleştiren epitelize bir iz oluşabilir (69). Anorektal rahatsızlık genellikle semptomatik hemoroidlere atfedildiğinden, anal fistüllerin gerçek prevalansı bilinmemektedir. Anal apseden gelişen anal fistül insidansı yüzde 15 ila 38 arasında değişmektedir (70-74).

Anorektal fistülü olan hastalar genellikle drenajı takiben "iyileşmeyen" anorektal apse veya kronik pürülan drenaj ve perianal veya kalça bölgesinde püstül benzeri lezyon ile başvururlar. Hastalar, özellikle dışkılama sırasında, ayrıca oturma ve aktivite sırasında aralıklı rektal ağrı yaşayabilir. Hastalar ayrıca aralıklı ve kötü kokulu perianal drenaj ve kaşıntı yaşayabilir (78).

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