BÖLÜM 21

KARDİYOPULMONER ACİLLERDE TORAKS TOMOGRAFİSİ YORUMLAMA

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GİRİŞ

Toraksta yer alan yapıları değerlendirmek için kontrastsız toraks Bilgisayarlı Tomografi (BT), yüksek çözünürlüklü BT (High Resolution Computed Tomography, HRCT), kontrastlı venöz fazda toraks BT, kontrastlı arteriyel fazda (anjiyo) toraks BT, oral kontrastlı BT çekilebilir (1).

Kontrast madde ilişkili alerjik reaksiyon, nefropati başta olmak üzere diğer yan etkileri nedeni ile **kontrastsız toraks BT** tercih edilebilir. Toraksta 5 mm aralıklarla kesitler elde edilir. Kalsifikasyonlar ile pulmoner, mediastinal, göğüs duvarı kitle ve nodüllerini tespit edebilir ve sınıflandırabiliriz. Bronşektazi veya küçük hava yolu hastalıkları, pnömoni, kaburga kırıklarını, pnömotoraks, pulmoner amfizem, mediastinal amfizem, yumuşak doku amfizemi, atelektazi, yabancı cisim tespit edebiliriz. Ayrıca radyasyon maruziyetini azaltmak için düşük doz BT tercih edilebilir (1,2).

Ayrıcı tanı listemiz için kontrast madde ile görüntüleme gerekiyorsa iki defa radyasyon vermemek için kontrastlı görüntüleme tercih edilebilir. "Hastalık yoktur hasta vardır" genel kabulüne göre hareket etmek, hastanın ek hastalıkları, alerjileri, kanser yatkınlığı, böbrek yetmezliği, ayrıcı tanıları dikkate alınarak en etkin tetkik istemi yapılmalıdır.

Bir diğer kontrastsız toraks BT görüntüleme yöntemi de HRCT'dir. Toraksta 0.625-1.25 mm aralıklarla kesitler elde edilir. Kontrastsız toraks BT'ye göre daha ince kesitler elde edilmiş olur ve daha ayrıntılı inceleme imkânı sunsa da daha fazla radyasyon maruziyetine neden olur. Toraks BT'de saptanabilen tanılara ek olarak interstisyel akciğer hastalığı tanısı için yardımcı olur (3).

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nılarda ilk tercih olarak ya da diğer tetkiklerin yetersiz kaldığı durumlarda çekilmesi gerektiğinde bu bölümde bahsi geçen hastalıklar ve diğer sistemlere ait hastalıklar açısından da tomografinin değerlendirilmesi tanıya ulaşmamızda faydalı olacaktır. Bu nedenle bu bölümde sunulan hastalıklara ait tomografi bulguları da akılda tutulmalıdır.

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