



BÖLÜM 7

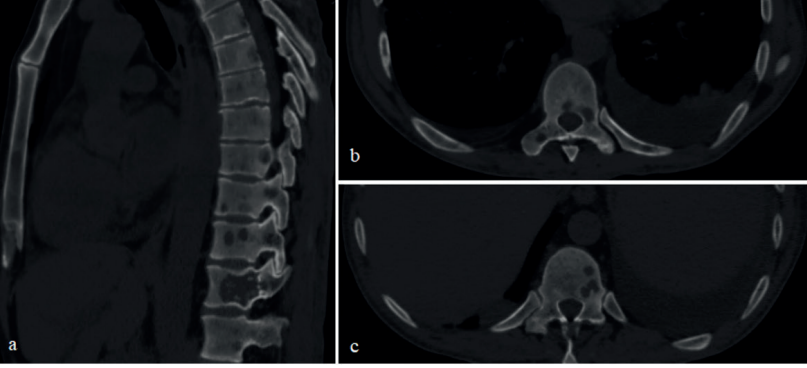
Göğüs Duvarı Patolojileri

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GİRİŞ

Göğüs duvarı lezyonları tüm torasik lezyonların %5'ini oluşturmaktadır (1). Lezyonların bir kısmında görüntüleme bulguları spesifik olmadığından sadece radyolojik yöntemler ile tanı koymak mümkün olmazken bazı lezyonlarda patognomonik görüntüleme özellikleri sayesinde radyolojik bulgular ile tanı koymak mümkün olmaktadır. Hatta “bana dokunma” lezyonlarına sadece radyolojik bulgular temelinde tanı konulmakta olup bu grup içerisindeki belli lezyonlara patolojik konfirmasyon yapmak, bazı lezyonlar arasındaki benzer mikroskopik özellikler sebebiyle diagnostik hatalara yol açabilmektedir. Görüntüleme bulguları nonspesifik olan lezyonlarda ise radyoloji ayırıcı tanının daraltılmasında yardımcı olmaktadır. Bu anlamda çoğu lezyonda düz grafi, ultrasonografi (USG), bilgisayarlı tomografi (BT) ve manyetik rezonans görüntüleme (MRG) lezyon özelliklerini tanımlama açısından tamamlayıcı rol üstlenmektedir. Göğüs duvarı lezyonlarının yerleşim yeri ile yağ, kalsifikasyon, yumuşak doku veya sıvı içeriği belirlendikten sonra bulgular hastanın yaş grubu ve klinik öyküsü ile birleştirilerek uygun ayırıcı tanılar sıralanabilmektedir. Ayrıca görüntü alanına giren akciğer ve üst batın kesimlerindeki bazı bulgular da göğüs duvarı lezyonunun nihai tanısı için ipucu sağlayabilmektedir. Göğüs duvarı patolojileri yumuşak doku ya da kemik kaynaklı olabilir. Yumuşak doku lezyonları ile meme patolojileri bir başlık altında, kemik kaynaklı patolojiler; sternum, kostalar ve vertebral başlıkları ile ayrı ayrı incelenecektir.

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Resim 43. Akut miyeloid lösemi (AML) tanılı 43 yaşında erkek hastada multipl litik vertebra metastazları vertebraların korpus, transvers proçes ve pedikülleri seviyelerinde dağınık olarak izlenmektedir.

Paget

Paget kemiğin remodeling aşamasındaki kronik metabolik bir hastalıdır. Genellikle 40 yaş üstü popülasyonda görülür. Tipik BT bulgusu santral osteopeni ve periferik kaba trabekülasyon ile sklerozun eşlik ettiği ekspanse vertebra olup bu bulgu “resim çerçevesi vertebra (picture frame vertebra)” olarak bilinmektedir. Nadiren tamamen skleroz ile giden “fildişi vertebra” görünümü de saptanabilir ve bu durumda lenfoma ve sklerotik vertebra metastazı ile birlikte Paget ayırıcı tanıya girer. Paget hastalarının %1’inden azında sarkomatöz transformasyon gelişmektedir (58).

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