



BÖLÜM 10

Küçük Havayolu Hastalıkları

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GİRİŞ

Havayolu hastalıkları etkilenen havayolunun boyutuna bağlı büyük ve küçük havayolu hastalıkları olarak ikiye ayrılabilir. Küçük havayolları, çapı 2-3 mm'den küçük olan, büyük ölçüde bronşiolardan oluşan havayollarını ifade eder. Bronşioler duvarlarında kıkırdak içermezler. Farklı histolojiye ve fonksiyona sahip iki tip bronşiol vardır. Membranöz bronşiol iletimden sorumludur; respiratuar bronşiol alveoller ve alveolar kanallara sahiptir, solunum fonksiyonundan sorumludur. Küçük havayolu hastalığı olan hastalarda nefes darlığı izlenir, hastalar semptomatik olmadan ve solunum fonksiyon testleri (SFT) anormal hale gelmeden önce yaygın küçük havayolu tutulumu mevcuttur (1).

Bronşiolit ve amfizem tanısı koymak için kullanılan en yararlı görüntüleme modalitesi, yüksek çözünürlüklü bilgisayarlı tomografisi ("high resolution computed tomography" – HRCT)'dir. Küçük havayolu hastalıklarının ayırt edici özelliklerini temsil eden görüntüleme bulgularını sunan bu modalite, minimum ve maksimum yoğunluk ("*intensity*") projeksiyonlarının (MinIP ve MIP) kullanıldığı multiplanar reformatlar (MPR) ile dikkatli bir şekilde değerlendirilmelidir (2).

Havayolları nazal kaviteden bronşiolere kadar bir devamlılık göstermektedir, dolayısıyla havayollarının bir bölümünü etkileyen hastalıkların süreç içerisinde

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lerini takiben HRCT ile görüntüleme; küçük havayolu hastalıklarının tanısını koyma, tedavi ve takibini planlamada yol gösterici olmaktadır. Bu süreçte radyolog, hasta kliniğini görüntülemeadaki tüm ipuçları ile birleştirerek tanıyı doğru yönlendiren bir rehberlik görevi üstlenmiştir.

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