



BÖLÜM 20

Non-Travmatik Torasik Aciller

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GİRİŞ

Toraks acilleri esas olarak klinik öykü, fizik muayene, elektrokardiyografi, laboratuvar çalışmaları ve radyolojik tetkiklerle teşhis edilir ve ayırt edilir. Göğüs ağrısı, nefes darlığı, hemoptizi, hematemez ve hipovolemik şok, farklı patolojilerde görülebilen ortak semptomlar olduğundan, bu semptomlarla acil servise başvuran hastaların çoğunda spesifik tanı zor olmakta ve görüntüleme önemli bir rol oynamaktadır.

Bu bölümde toraksın travma dışı acil patolojilerinden bahsedilecek, kardiyolojik aciller kapsam dışında bırakılacaktır (Tablo 1).

Tablo 1. Travma dışı torasik aciller

Acil vasküler patolojiler	Akut aort sendromları <ul style="list-style-type: none">• Aort diseksiyonu• Torasik aort anevrizmasının stabil olmayan ve yaklaşan rüptürü• Primer aortik intramural hematom• Penetran aterosklerotik ülser• Torasik aort fistülleri• Aortik psödoanevrizma Akut pulmoner emboli Vena kava superior sendromu
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BT'nin yabancı cisim aspirasyonu tanısında kullanımını kısıtlı olup bazen cismi bronş içinde gösterebilir.

BT'de bronşiyal yabancı cismin neden olduğu sekonder bulgular (pnömoni, atelettazi, bronşit, bronkospazm ve pnömotoraks) görülebilir.

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