

Bölüm 11

ÜRETEROPELVİK DARLIK OLGULARINDA OPERASYON KARARI; YENİ YAKLAŞIMLAR

Ayşe Başak UÇAN¹

GİRİŞ:

Üreteropelvik bileşke darlığı(UPD) çocuklarda hidronefroza neden olan en sık karşılaşılan üriner sistem anomalilerinden biridir. Antenatal ultrasonografinin(USG) yaygınlaşması sayesinde UPD olguları çok daha erken dönemde tanı almaya başlamıştır. Ancak UPD olgularında operasyon kararı verilmesi ve operasyonun zamanlaması halen tartışmalıdır.

Prenatal tek taraflı hidronefrozların %75'i spontan olarak düzelmektedir(1, 2, 3). Bazı olgularda ise hidronefroz progresyon göstererek ciddi böbrek fonksiyonu kaybına sebep olabilmektedir(4,5). Bu nedenle ameliyatın zamanlaması da tartışma yaratmaktadır. UPD(obstrüktif hidronefroz) ve geçici hidronefroz(nonobstrüktif hidronefroz) olgularının birbirinden ayrılabilmesi ve hangi hastanın ne zaman opere olması gerektiğine karar verilmesi günümüzde elde olan tüm olanaklara ve gelişen teknolojiye rağmen zorlayıcıdır. Son yıllarda üreteropelvik darlık olgularında bu belirsizliklerin üstesinden gelebilmek için pek çok çalışma yapılmakta ve tanı kriterleri geliştirilmeye çalışılmaktadır. Bu bölümde bu çalışmalara dayanarak son yıllarda önerilen ve tanıyı destekleyerek operasyon kararını geliştirip standardize edebileceği düşünülen yöntemler derlenerek tartışılacaktır.

ÇOCUKLUK ÇAĞI UPD OLGULARINDA OPERASYON KARARINI ETKİLEYEN PARAMETRELER

USG ve 99mTc-MAG3 sintigrafisi UPD olgularına tanı koymak ve operasyon kararı vermek için en sık kullanılan tetkiklerdir. Avrupa Pediatrik Üroloji Derneği (ESPU) tarafından önerilen cerrahi kriterleri tanı anında 99mTc-MAG3 sintigrafisinde böbrek renal fonksiyonunun(Df) <%40 olması;

¹ Op. Dr., SBÜ Dr. Behçet Uz Çocuk Hastalıkları Eğitim ve Araştırma Hastanesi, Çocuk Cerrahisi abasakucan@yahoo.com, ORCID iD: 0000-0002-1521-6053

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