

Bölüm 3

BULUNAMAYAN PARATİROİD ADENOMLARINDA RADYOLOJİK GÖRÜNTÜLEME VE CERRAHİ YAKLAŞIM

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GİRİŞ

Preoperatif veya intraoperatif olarak bulunamayan paratiroid adenomu, günümüzde hala cerrahi bir sorundur. Preoperatif görüntüleme ve intraoperatif hızlı parathormon (IOPTH) düzeylerinin tayini reoperasyon gereken hastalara yaklaşımda önemlidir. Sonuç olarak, paratiroid adenomunun bulunamaması veya yetersiz ilk ameliyatın yüksek maliyeti, kalan paratiroid bezinin fiziksel yan etkileri, iş gücü kaybı, invaziv lokalizasyon testlerinin gerekebilmesi, tekrar ameliyat ve artan komplikasyon riski gibi ek problemlere yol açabilir. Başarısızlık oranını azaltmak için doğru endikasyon, zamanlama ve cerrahi çeşidi, IOPTH testinin mevcudiyeti ve preoperatif lokalizasyon çalışmalarının geliştirilmesi esastır. Primer hiperparatiroidizm (PHPT) nedeniyle operasyon planlanan hastalarda ilk görüntüleme yaklaşımı ultrasonografi (USG) ve sestamibidir. Paratiroid adenomu bulunamadığında sırasıyla ek tamamlayıcı lokalizasyon yöntemleri, gerekirse sestamibi ve yüksek rezolüsyonlu USG tekrarı, deneyimli nükleer tıp ve radyoloji uzmanı tarafından değerlendirme, görüntüleme tekniği üzerinde hassasiyetle durulması, tek foton emisyon tomografi (SPECT), SPECT/bilgisayarlı tomografi (BT) yanı sıra yeni radyofarmasötik (RF) ajanlarla gelişen pozitron emisyon tomografisi (PET)/BT yöntemlerinin uygulanması, parathormon (PTH) ölçümü ile USG eşliğinde ince iğne aspirasyon biyopsisi (İİAB) , manyetik rezonans görüntüleme (MR) ve/veya BT görüntüleme, venöz PTH örnekleme ile lateralite araştırılması, sestamibide anormal mediastinal yerleşim kuşkusu varsa MR/BT ile korelasyon yöntemleri denenebilir. Ayrıca

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ekplorasyon için yardım istenebilir. Bulunamayan paratiroidin boyunda olmadığı kanaati olursa ve görüntülemelerde veya intraoperatif destekler bir bulgu yoksa lobektomi önerilmemektedir. Ayrıca BBE negatifse ilk girişimde sternotomi de önerilmemektedir. Ameliyatı sonlandırıp ileri lokalizasyon tetkikleri ile devam edilmelidir.

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