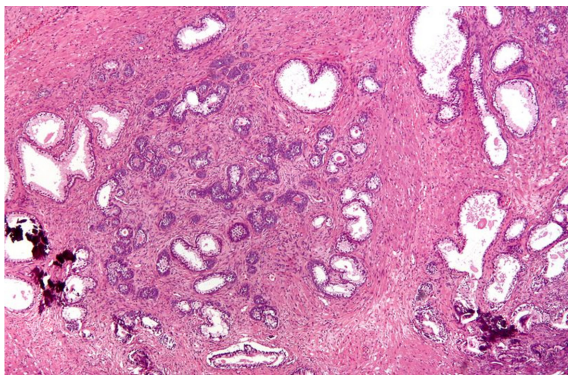
BÖLÜM 6

PROSTATİK ARTER EMBOLİZASYONU

Serhat AKIŞ[1]

GİRİŞ

Benign prostat hiperplazisi (BPH), prostat bezi transizyonel bölgesindeki düz kas ve epitel hücrelerinin proliferasyonu sonucu mesane çıkışının tıkanmasına ve alt üriner sistem semptomlarına (AÜSS) neden olan bir durumdur. (1) BPH histolojik bir tanıdır. (Resim 1) Prevalansı yaşla birlikte artan BPH, 70 yaşın üzerindeki erkeklerin %70'inden fazlasını etkiler. (4) Benign prostat hiperplazisine bağlı gelişen alt üriner sistem semptomları idrarın depolama veya boşaltma fazına göre ikiye ayrılır. (3) İdrarın depolama aşamasında artan noktüri, küçük miktarlarda sık idrara çıkma, istemsiz idrar yapma isteği ve dizüri, boşaltma fazında ise mesane çıkışının tıkanması sonucu işeme başlangıcının gecikmesi, işeme süresinin uzaması ve mesanenin tam olarak boşaltılamaması hissi olur. Benzer durumları birçok patoloji yapabileceğinden BPH'a bağlı AÜSS tanısını koyarken dikkatli bir değerlendirme gerekir. (Resim 2)



Resim 1. Prostat bezinde nodüler hiperplazi.

Tedavi seçenekleri temelde 3 ana başlığa ayrılır. Bunlar yaşam tarzı değişiklikleri, medikal ve invaziv seçeneklerdir. (6) Semptomlarından çok rahatsız olmayan, hafif ve orta dereceli semptomları olan komplikasyonsuz olgularda gözetleyerek bekleme uygulanabilir. Bu yaklaşım şekli hasta eğitimi, periyodik kontrol ve yaşam tarzı önerilerini kapsar. (11) Medikal tedavide α-1 blokerleri ve 5-α redüktaz inhibitörleri hafif ile orta dereceli AÜSS tedavisinin temelini oluşturur. Genel olarak güvenli kabul edilse de medikal tedavinin yan etkileri olabilir. α-1 blokerler retrograd ejakülasyon, 5-α redüktaz inhibitörleri ise libido kaybı veya erektil disfonksiyon gibi cinsel yan etkilere neden olabilir. (2) Medikal tedaviyi tolere edemeyen veya medikal tedavinin başarısız olduğu hastalara invaziv tedaviler uygula-

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tanede kalış süresi PAE'de daha kısadır. TUR-P prostat hacmi >80 mL olan hastalarda önerilmemektedir. PAE'de prostat hacmi için bir üst sınır bulunmamaktadır.

SONUÇ

Daha az invaziv olması, hastanede yatış gerektirmemesi, uzamış idrar sondası ihtiyacının olmaması ve genel anestezi gerektirmemesi nedenlerinden dolayı PAE cerrahi yöntemlere karşı avantajlıdır. Bunun dışında TUR-P gibi boyut sınırının olmaması her hastaya uygulanabilirliğini artırmaktadır. Ek olarak PAE cerrahiye engel bir tedavi olmayıp PAE sonrası yanıt alınamamış hastalarda prostat bezini devaskülarize ettiği için cerrahiyi kolaylaştırmaktadır. (50)

TEŞEKKÜR

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