22. Bölüm

TANI KONULMAYAN PLEVRAL HASTALIKLARDA YAKLAŞIM

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OLGU

Yetmiş üç yaşında kadın hasta göğüs hastalıkları polikliniğine 20 gündür olan nefes darlığı, halsizlik, çabuk yorulma şikayetleri ile başvurdu. Ateş, kilo kaybı, öksürük, hemoptizi, göğüs ağrısı tariflemiyordu. Aynı nedenle başvurduğu dış merkezde verilen nonspesifik antibiyoterapi ile şikayetlerinde gerileme olmayan hastanın 50 yıl önce akciğer tüberkülozu geçirdiği öğrenildi. Bilinen hipertansiyon, diyabetes mellitus ve koroner arter hastalığı tanıları olan hasta antihipertansif, antidiyabetik ve antiagregan tedavi almakta idi. Hasta sigara içmemişti, mesleki ya da çevresel temas hikayesi bulunmamaktaydı. Fizik muayenesinde sağ akciğer alt alanda solunum seslerinin alınamaması ve aynı bölgede matite saptanması dışında özellik yoktu. Tam kan sayımı ve rutin biyokimyasında özellik yoktu. Posteroranterior (PA) akciğer grafisinde (Resim1) sağ hemitoraksta Damoiseau hattı çizen, 4. ön kot seviyesine çıkan plevral effüzyon (PE) ile uyumlu görünüm ile sağ akciğer üst alanda non-homojen opasite izlendi.

Toraks bilgisayarlı tomografisinde (BT) (Resim 2) sağ akciğerde kalınlığı 7 cm'ye ulaşan plevral effüzyon, üst lob anterior segment bronş çevresinde, kalsifikasyon da içeren 3 cm çaplı lezyon ve atelektazi görüldü. Yapılan ilk torasentezde eksüda vasfında (LDH:642 U/L, Glukoz:59 mg/L, Protein:5,3 mg/dL) sıvı saptandı.

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