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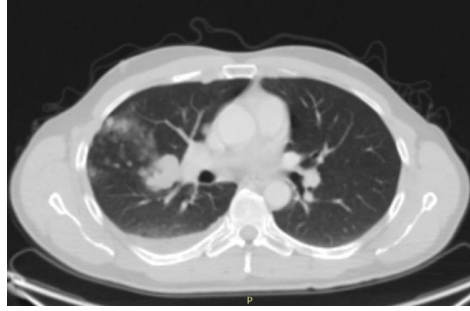
Bölüm

PLEVRAL HASTALIKLARDA PATOLOJİ

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OLGU

Erkek 46 yaşında. Nefes darlığı ve sağ yan ağrısı şikayetleriyle hastaneye başvurdu. Yapılan toraks tomografisinde sağ akciğer parankiminde düzensiz semisolid buzlu cam opasiteleri, santral nodül ve plevral effüzyon saptandı (**Resim 1**).



Resim 1. Toraks tomografisinde sağ akciğerde parankimal semisolid opaziteler, santral solid lezyon, plevral effüzyon izlendi.

Malignite ön tanısıyla yapılan PET-CT görüntülemesinde sağ akciğer santrale yakın fissür bileşkesinde hafif FDG tutulumu gösteren lobule kitle tespit edildi. Olguda malignite şüphesiyle cerrahi operasyon kararı verildi. Frozen değerlendirmede malignite saptandı. Akciğer sağ alt lob kama ve parietal plevra rezeksiyonu yapıldı. Akciğer örneğinin makroskopik incelemesinde parankimal, çok sayıda odaklar halinde düzensiz sınırlı çapları değişken müsinöz nitelikte yumuşak, keskin sınırlı lezyonlar izlendi (**Resim 2**).

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