5. Bölüm

PLEVRA HASTALIKLARININ TANISINDA İNVAZİF YÖNTEMLER

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OLGU

43 yaşında erkek hasta, öksürük ve nefes darlığı şikayeti ile ayaktan polikliniğimize başvurdu. İki haftadır başlayan şikayetleri için başvurduğu bir dış merkezden posteroanterior (PA) akciğer grafisi çekilerek hastanemize yönlendirilmişti.

Öz ve soygeçmişinde bir özellik yoktu. Alışkanlıkları arasında 19 paket/yıl sigara öyküsü vardı ve 5 yıldır ex-smokerdı. Alkol öyküsü ya da hobisi yoktu, kaynak atölyesinde çalışıyordu.

Fizik muayenesinde; dinlemekle sağ akciğerde alt ve orta alanlarda solunum sesleri alınamıyordu ve matite mevcuttu. Pretibial ödem ve clubbing yoktu. Oda havasında oksijen satürasyonu %96 idi.

Tanı aşamaları:

Kan tetkikleri içerisinde alınan tam kan sayımında WBC: 8.05 10 e3/uL, Hct: %38(37-54), Hgb:14.5 g/dL (11-16), Plt: 261 10e3 /uL (150-450) saptandı.

Sedimentasyon hızı, 46 mm/saat, INR: 0.9 idi.

Biyokimya testlerinde ALT: 24 ıu/L (<50), AST: 25 ıu/L (<50), üre: 21 mg/L, kreatinin: 0.8 mg/L idi ve seroloji testleri negatif saptandı. PPD testi 16x15 mm olarak ölçüldü.

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