

# 8.

## Bölüm

# PLEVRAL EFÜZYONLARDA CERRAHİ YAKLAŞIMLAR

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### OLGU

Elli-iki yaşında erkek hasta, 2 aydır artan nefes darlığı ve halsizlik şikayeti ile hastanemizin göğüs hastalıklarına aciline başvurdu. Hastanın posteroanterior akciğer grafisinde (PA) sol hemitoraksta plevral efüzyon saptandı. Acil polikliniğimizde terapötik torasentez ile boşaltma gerçekleştirildi ve transüda-eksüda ayrımı amacıyla plevral sıvı örneği alındı. Hastanın plörezisi eksüda ile uyumlu geldi. Hastada C reaktif protein (CRP) ve lökosit yüksekliği görüldü. Anamnezde ateş hikayesi yer almadı. Hastaya acilde sol tüp torakostomi ve sualtı drenajı (TT+KSAD) uygulandıktan sonra göğüs hastalıkları kliniğine yatırıldı. Hastadan alınan plevral sıvının patolojik ve mikrobiyolojik incelemelerinden anlamlı sonuç çıkmadı. Balgam, idrar ve kan örneklerinde de herhangi bir patolojik üreme görülmedi. Hastaya non-spesifik antibiyotik tedavisi başlandı. Takiplerinde plörezisi kaybolan hastanın kan değerleri ve kliniği de düzeldi. Hastanın TT'si sonlandırıldı ve göğüs hastalıkları kliniğinden taburcu edildi.

Hasta taburculuğu takiben üç hafta sonra benzer şekilde nefes darlığı şikayeti ile tekrar hastanemizin aciline başvurdu. Çekilen PA akciğer grafisinde önceki başvuru gibi sol tarafta plörezi saptandı (**Resim 1**). Hastaya toraks bilgisayarlı

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