

# 15.

## Bölüm

# MALİGN PLEVRAL MEZOTELYOMADA CERRAHİ TEDAVİ

*Mustafa Vedat DOĞRU<sup>1</sup>*

*Muzaffer METİN<sup>2</sup>*

### OLGU 1

70 yaşında erkek hasta yeni gelişen ve yaklaşık iki haftadır devam eden nefes darlığı şikayetiyle tarafımıza başvurdu. Önceden bilinen Tip 2 Diyabetes Mellitus hastalığı ve 30 paket/yıl sigara öyküsü mevcut. Yapılan fizik muayenede oskültasyonla sağ akciğerde solunum sesleri azalmış olarak duyulması üzerine çekilen PA AC grafide sağ hemitoraksta plevral efüzyon varlığı saptandı. Hastanın semptomatik durumu ve öyküsünde olan asbest maruziyeti düşünülerek, tanısal torasentez yapıldı ve sıvının drenajı için plevral kateter yerleştirildi. Parapnömonik efüzyon, tüberküloz, akciğer malignitesi ve malign mezotelyoma ayırıcı tanımlar olarak düşünülerek; ARB, plevra mayi kültürü, sitoloji, mayi biyokimyası tetkikleri istendi. Mayinin biyokimyasal olarak eksüda vasfında olduğu görüldü. Çekilen akciğer bilgisayarlı tomografisinde (BT) sağ hemitoraksta yaygın plevral kalınlaşmalara eşlik eden en kalın yerinde 13 cm ye ulaşan masif efüzyon izlendi. Altıncı günün sonunda drenajı azalan hastanın kateteri çekilerek taburcu edildi.

10 gün sonraki poliklinik kontrolünde sağ hemitorakstaki efüzyonda artma mevcuttu. Tetkiklerinde ARB ve kültür negatif gelirken, mayi sitolojisinde “mezotel kökenli, malignitenin dışlanamadığı atipik hücreler” görüldü. Hastada bu şartlar altında tanısal VATS planlandı. Kardiyoloji ve dahiliye konsültasyonları ile birlikte anestezi onamı alınarak operasyona alındı. İntraoperatif olarak parie-

<sup>1</sup> Op. Dr. Mustafa Vedat DOĞRU, Sağlık Bilimleri Üniversitesi, Yedikule Göğüs Hastalıkları ve Göğüs Cerrahisi Eğitim ve Araştırma Hastanesi, Göğüs Cerrahisi Kliniği, drmvdatdogru@hotmail.com

<sup>2</sup> Prof. Dr. Muzaffer METİN, Sağlık Bilimleri Üniversitesi, Yedikule Göğüs Hastalıkları ve Göğüs Cerrahisi Eğitim ve Araştırma Hastanesi, Göğüs Cerrahisi Kliniği, muzaffermetin@gmail.com

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