

C. Anterior Üretra Darlıklarında Üretroplasti

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GİRİŞ

Erkek üretrası, mesane boynu ile glans penis tepesindeki ostium üretra eksternum arasında uzanır. Yaklaşık 20 cm uzunluğunda olan üretra, anterior ve posterior olmak üzere iki ana kısımdan oluşur. Posterior üretra, prostatik ve membranöz olarak; anterior üretra ise bulbar, penil ve meatal üretra olmak üzere sınıflandırılır. Dünya genelinde erkek üretral darlığının (ÜD) insidansın 229-627/100.000 erkek olduğu tahmin edilmektedir. En sık etkilenen anterior üretradır (%92,2), özellikle bulbar üretra (%46,9). Üretral darlıklar, genel nüfusa kıyasla daha yaşlı bireylerde ve siyah hastalarda daha yaygındır. 55 yaşından itibaren insidansında belirgin bir artış gözlemlenmektedir. Üretral darlıklarına yaklaşımda anterior veya posterior üretrada oluşu, sfinkter ile olan ilişkisi gibi darlığını anatomik konumu esas alınır.

Anterior üretra darlığında birinci basamak tedavi direkt vizüel internal üretrotomi (DVIÜ) değerlendirilmekle birlikte yaklaşık %80 oranında görülen nöksler önemli bir sorun olarak karşımıza çıkar. Mevcut kılavuzlarda, uzun (>2 cm), multiple ve yaygın periüretral fibrozisi olan hastalar için kesin tedavi şansı çok sınırlı olması nedeniyle tekrar-

layan DVIÜ önerilmemektedir. İlk insizyon sonrası 3 ay içinde tekrarlayan darlıklar için de DVIÜ önerilmemektedir. Bu hasta grubunda yaklaşık %95 başarı oranı ile anastomotik veya doku flap/greftleri kullanılarak üretroplasti uygulanmalıdır. Aşağıdaki **tablo 1**'de anterior üretroplasti yöntemleri listelenmiştir.

Bu bölümde, anterior üretra darlık vakalarıyla karşılaştıklarında günlük pratiklerinde yardımcı olacak ve daha güvenli karar almalarını kolaylaştıracak üretroplasti konuları ele alınacaktır.

DİSTAL ÜRETRAL DARLIKLAR

Eksternal Üretral Mea ve Fossa Navikülaris Darlığı

Fossa navicularis (FN) ve eksternal mea darlıkları (EMD) yetişkin erkeklerde yaygın olarak görülmekte olup distal üretral darlıklar olarak da adlandırılır. Tüm üretral darlıkların yaklaşık %18'ini oluşturduğu bildirilmiştir. Distal üretral darlıkların nedenleri, kronik üretral enfeksiyonların yanısıra idiyopatik nedenler, travma, üretral enstrü-

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