

ERCP'YE HAZIRLIK VE KOMPLİKASYONLARI

Kadir Can ACUN¹ - Volkan GÖKBULUT² - Orhan COŞKUN³

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GİRİŞ

Endoskopik Retrograd Kolanjiyopankreatografi (ERCP), özel olarak yan görüşlü bir endoskopun (duodenoskop) duodenuma yönlendirildiği ve ampulla vater aracılığıyla safra ve pankreas kanallarının değerlendirilmesini sağlayan ileri düzey endoskopik tekniktir.

Kanallar, kontrast madde verilerek opaklaştırılır, böylece radyografik görüntüleme ve terapötik müdahaleler yapılabilir. ERCP kılavuzluğundaki müdahaleler, çeşitli pankreatikobiliyer bozuklukların yönetimi için kullanılmaktadır (örneğin, safra yolu taşlarının çıkarılması, safra yolu tıkanıklığının giderilmesi).

ERCP, uzmanlık gerektiren karmaşık bir prosedürdür ve diğer endoskopik prosedürlere (örneğin, üst endoskopi, kolonoskopi) göre daha yüksek oranda ciddi komplikasyonla ilişkilidir. ERCP ile ilişkili komplikasyonları önlemeye yönelik stratejiler kullanılması ve komplikasyonların erken dönemde tanınarak tedaviye başlanması önemlidir.

ENDİKASYONLAR

ERCP'nin pankreas ve safra yolu bozukluklarının yönetimindeki rolü genellikle terapötik nitelik-

tedir. Çünkü MRCP (manyetik rezonans kolanjiyopankreatografi), MRG (manyetik rezonans görüntüleme), EUS (endoskopik ultrasonografi) gibi diğer noninvaziv tanısal test yöntemleri ERCP ile ilişkili riskler olmadan yüksek tanısal doğruluk sağlar (1). Ancak, yalnızca terapötik endikasyonlara odaklanılmasına rağmen ERCP kullanımında zamanla artış görülmektedir (2). Koledokolitiazis, akut kolanjit, benign ve malign safra yolu tıkanıklığının drenajı, kolesistektomi sonrası ve karaciğer nakli sonrası safra yolu komplikasyonları (örneğin, safra yolu darlığı, safra kaçağı), safra yollarına açılmış olan hidatik kist tedavisi, primer sklerozan kolanjit ile ilişkili ekstrahepatik safra yolu darlıkları, oddi sfinkteri disfonksiyonu, akut veya kronik pankreatit ile ilişkili komplikasyonların yönetimi (örneğin, pankreatik kanal darlığı, pankreatik kanal taşları) ERCP endikasyonlarını oluşturmaktadır (3-5).

KONTRENDİKASYONLAR

Komplikasyon riskinin ERCP işleminin potansiyel faydalarından daha fazla olduğu durumlarda ERCP yapılması kontrendikedir. Ancak akut şiddetli kolanjite sekonder septisemi ve kardiyovasküler disfonksiyonu olan yüksek riskli bazı hastalara, şiddetli

¹ Uzm. Dr., Sağlık Bilimleri Üniversitesi Ankara Bilkent Şehir Hastanesi Gastroenteroloji Kliniği, Gastroenteroloji Yandal Asistanı, kacun01@gmail.com, ORCID iD: 0000-0003-0591-746X

² Doç. Dr., Sağlık Bilimleri Üniversitesi, Ankara Bilkent Şehir Hastanesi, Gastroenteroloji Kliniği, volkan.gokbulut@yahoo.com, ORCID iD: 0000-0002-7906-2479

³ Doç. Dr., Ankara Bilkent Şehir Hastanesi, Gastroenteroloji Kliniği, drcoskunorhan@gmail.com, ORCID iD: 0000-0002-3124-9517

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