BÖLÜM 12

ÜRİNER SİSTEM TAŞ HASTALIĞINDA GÖRÜNTÜLEME YÖNTEMLERİNİN EVRİMİ: YAPAY ZEKÂ DESTEKLİ RADYOLOJİ VE 3D REKONSTRÜKSİYONLARIN ROLÜ

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Ürolitiazis dünya genelinde oldukça yaygın ve giderek artan bir sağlık problemidir. Son yıllarda yapılan çalışmalar, yaşam boyu böbrek taşı oluşma riskinin pek çok ülkede yaklaşık %10 civarına ulaştığını göstermektedir [1]. Özellikle endüstrileşmiş toplumlarda yüksek hayvansal protein ve tuz tüketimi, metabolik sendrom sıklığının artışı ve iklimsel faktörler taş prevalansını yükseltmektedir [2].

Böbrek ve üriner sistem taşları klinikte çok farklı şekillerde ortaya çıkabilir. En tipik belirti, taşın üreter gibi dar bir yere ilerleyip obstrüksiyona yol açtığında ortaya çıkan renal kolik ağrısıdır. Taşa bağlı ağrı sıklıkla hematüri ile birliktedir. Özellikle üreter alt ucundaki taşlar sık idrara çıkma, acil idrara çıkma hissi ve dizüri yapabilir. Büyük böbrek taşları (ör. staghorn taşlar) bazen asemptomatik kalıp sadece tekrarlayan idrar yolu enfeksiyonları veya böbrek fonksiyonunda sessiz azalma ile kendini gösterebilir [3]. Farklı taş tiplerinin röntgen özellikleri Tablo 1'de gösterilmiştir.

Tablo 1. Farklı taş tiplerinin röntgen özellikleri

Radyoopak	Zayıf Radyoopak	Radyolüsen
Kalsiyum oksalat dihidrat	Magnezyum amonyum fosfat	Ürik asit
Kalsiyum oksalat monohidrat	Apatit	Amonyum ürat
Kalsiyum fosfat	Sistin	Ksantin
		2,8-Dihidroksiadenin
		İlaç ilişkili taşlar

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