

BÖLÜM 10

MR ENTEROGRAFİ: ENDİKASYONLAR, TEKNİKLER VE KLİNİK UYGULAMALAR

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GİRİŞ

Manyetik rezonans görüntüleme (MRG) vücudun bir çok bölgesinde kullanılmasına rağmen, batin görüntülemede kullanımı teknik problemler nedeniyle tartışma konusu olmuştur. T1A ve T2A serilerin kabul edilebilir çözünürlük seviyesine ulaşması teknolojik gelişmelerle birlikte 1990'ların sonlarını bulmuştur (1, 2). Spazmolitik ilaçların kullanımıyla birlikte, barsak hareketleri ve diyaframın solunuma bağlı yer değişikliği sorun olmaktan çıkmaya başlamıştır (3). Bu gelişmeler 2 mm'den küçük normal ince barsak duvarlarının değerlendirilmesine olanak sağlamıştır. Ayrıca oral ve intravenöz (İV) gadolinyum bazlı kontrast maddelerin kullanımı da barsak görüntülemesinde önemli rol oynamaktadır (4, 5). Endikasyonlar arasında ince barsak malign ve benign neoplazmları, inflamatuvar barsak hastalıkları (Crohn ve ülseratif kolit), gastrointestinal sistemin enfeksiyöz hastalıkları bulunmaktadır (6-9). Manyetik rezonans enterografi (MRE) bu hastalıkların değerlendirilmesi için sıklıkla kullanılmaktadır.

MRE'nin avantajı iyonizan radyasyon içermemesi ve diğer görüntüleme yöntemlerine göre ince barsak değerlendirmesinde doku kontrastının fazla olmasıdır (10). Konvansiyonel T1A ve T2A serilerine ek olarak, difüzyon ağırlıklı görüntüler de son zamanlarda kullanılmaya başlanmıştır (11-13). MRE'nin en önemli avantajlarından birisi de sine görüntüler elde edilerek fonksiyonel bilgi sağlamasıdır (14).

Bu bölümde MRE'yi ele alarak endikasyonları, hasta hazırlığını, kullanılan kontrast maddeleri, optimal çekim protokollerini ve güncel teknikleri tartışmayı amaçlıyoruz.

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