

BÖLÜM 2

PEDİATRİK BENİGN BOYUN KİTLELERİNDE ULTRASONOGRAFİK GÖRÜNTÜLEME

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GİRİŞ

Pediyatrik boyun kitlelerinin çoğu benign inflamatuvar süreçlerden kaynaklanır veya fibromatozis kolli, tiroglossal kanal kisti (TKK), brankial kleft kisti (BKK), kistik higroma (KH), timik ektopi, timik kist, hemanjiom, teratom, ranula, lenfatik malformasyonlar, bronkojenik kist ve gastrointestinal duplikasyon kisti gibi etiyolojiler dahil olmak üzere konjenitaldir. Daha az yaygın olarak lenfoma, nöroblastom ve rabdomiyosarkom gibi malign kitleler görülmektedir. Ek olarak pediyatrik boyunda tiroid, pulmoner, genitoüriner ve gastrointestinal kökenli metastatik hastalık meydana gelebilir. Pediyatrik boyun kitlesinin ayırıcı tanısı, kitlenin lokalizasyonu, klinik öyküsü (konjenital veya akkiz ve ateşin varlığı veya yokluğu), kitlenin klinik özellikleri (sert, yumuşak, kızarıklık, sıcak veya hassas) ve görüntüleme özelliklerinden (kistik, solid, mikst, kalsifikasyonlar ve vasküler kılıf) yararlanılarak yapılır (1).

Genellikle boyun kitlesi olan çocukları primer bakım hekimleri görür. Bu kitleler genellikle klinisyende ciddi bir alarm ve kaygıya neden olur; ancak bir çocukta boyun kitlesi nadiren kötü huyludur (2). Üçüncü basamak bir sevk merkezinde boyun kitlesi nedeniyle biyopsi yapılan çocukların incelenmesinde, bunların %11'inin malign olduğu görülmüştür (3). Bir olgu serisinde, 5 yaşından küçük çocukların %44'ünde palpabl lenf nodlarının saptanmış olması bu popülasyonda benign lenfadenopatinin yaygın olduğunu göstermektedir (4).

Anatomik yerleşim (en önemlisi), klinik öykü ve ultrasonografideki (USG) görünüm kitlelerin ayırıcı tanısını daraltmada yardımcı ipuçlarıdır. Yaygın ola-

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