BÖLÜM 10

TEDAVİ

Agah Koray MANSIROĞLU[1]

KONJENİTAL DİYAFRAM HERNİSİNDE CERRAHİ ÖNCESİ BAKIM VE TEDAVİ

Konjenital diyafram hernisi (KDH), pulmoner hipoplazi ve pulmoner hipertansiyonun yol açtığı ciddi solunum yetersizliğiyle seyreden bir doğumsal anomalidir. Günümüzde sağkalım, cerrahi başarının yanı sıra ameliyat öncesi stabilizasyonun yeterliliğiyle yakından ilişkilidir (1). Bu nedenle, ameliyat öncesi bakım ve destek tedavileri, KDH yönetiminin en kritik aşamasını oluşturur.

Genel ilkeler

KDH tanısı alan yenidoğanda temel hedef, doğumdan itibaren pulmoner hipertansiyonun azaltılması, hipokseminin önlenmesi ve sağ ventrikül yükünün hafifletilmesidir. Doğumun, deneyimli neonatoloji ve çocuk cerrahisi ekibine sahip üçüncü basamak merkezlerde planlanması gerekir (2).

Resüsitasyonda maskeyle pozitif basınçlı ventilasyondan kaçınılmalı, çünkü bu uygulama mide ve bağırsakların hava ile dolarak torasik basıncı artırmasına yol açabilir (3). Bu nedenle doğumdan hemen sonra orogastrik sonda takılarak mide dekompresyonu sağlanmalı ve bebek entübe edilmelidir (4).

[1] Uzm. Dr., Sağlık Bilimleri Üniversitesi, Konya Sağlık Uygulama ve Araştırma Merkezi, Çocuk Cerrahi Kliniği, agahturk1986@gmail.com, ORCID iD: 0000-0002-8175-7747

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