



MASIF HEMOPTİZİDE CERRAHİ TEDAVİ

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Giriş

Hemoptizi, trakeobronşial ağaç veya akciğer parenkiminden kaynaklanan kanın ekspektore edilmesidir. Masif hemoptizi ise 24 saatte 300-600 ml miktarı aşan ve %50-100 arasında yüksek mortalite oranına sahip ciddi bir hemoptizidir ve tüm hemoptizi vakalarının %5-15'ini masif hemoptizi vakaları oluşturur (1-5). Masif hemoptizi, genellikle altta yatan kronik akciğer hastalığının bulgusudur (1).

Gelişen dünya ülkelerinde masif hemoptiziye neden olan en sık kronik akciğer hastalıkları arasında akciğer tüberkülozu, bronşektazi, bronkojenik karsinom, akciğer absesi, kistik fibrosis ve aspergilloma sayılabilir(1,4,6,7,8) (Video 1). Diğer daha az sık nedenler arasında pnömoni, kronik bronşit, interstisyel pulmoner fibrosis, tüberkülozla ilişkili Rasmussen's anevrizması, Behçet sendromu, aort anevrizması rüptürü, aortobronşial fistül ve bronşial arter anevrizma rüptürü yer alır (1,4,6,7,8) (Video 2).

Masif hemoptiziye bağlı ölüm, genellikle hastanın pulmoner kapasitesine bağlı olarak hemoraji miktarının neden olduğu asfiksiyona bağlıdır (1,6). Bu nedenle, hemoptizi nedeniyle tedavi edilen hastalarda, en önemli prognostik faktör, hastanın hava yolu açıklığını riske sokacak olan hemoraji miktarıdır (9).

Masif Hemoptizinin Tanımı

Masif hemoptizi, volüm açısından miktarı 200-1000cc/gün gibi geniş referans aralığında olduğu bildirilen hemoptizidir (10,11,12). Masif hemoptizi tanımı, alternatif olarak hemoptizi miktarının yerine hemoptizi miktarının hastanın hava

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White ve ark. göre kanama kontrolünün BAE ile %94 oranında sağlanmasına rağmen BAE palyatif bir müdahaledir ve kanama odağı cerrahi olarak çıkarılmadıkça hemoptizinin nüks ihtimali vardır. BAE sonrası %30'lara varan nüks ihtimali vardır. BAE sonrası nüks, inkomplet embolizasyon, embolize edilen damarlarda rekanalizasyon, altta yatan akciğer hastalığının progresyonu sonucu kollateral revaskülarizasyonun oluşması veya kaviter lezyonun pulmoner arteri erode etmesinden olur. Bu durumda hasta cerrahiye uygunsuzsa cerrahi tedavi, değilse tekrar BAE yapılabilir (2, 26, 60,61).

Rezeksiyon cerrahisindeen sık bronş fistülü (%10-14) olmak üzere inflamasyona ve akciğer ile göğüs duvarı arasındaki dense yapışıklığa bağlı komplikasyonlar olabilir (40, 62, 58). Ayeđ'in yaptığı çalışmada cerrahi sonrası en sık hemoptizi nüksü, opere edilen bronşektazi olgularında farklı bir lobda bronşektazinin progrese olması ile oluştuđu bildirilmiştir (41).

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