



TRAKEAL VE BRONŞİYAL YARALANMALAR

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GİRİŞ

Trakeal bronşiyal yaralanmalar (TBY), nadir görülen fakat hayatı tehdit eden yaralanmalardır. Etiyolojisine bağlı olarak iyatrojenik ve travmatik olarak iki grupta incelenebilir. İyatrojenik yaralanmalar yetişkinlerde en sık TBY sebebidir. Travmatik TBY ise en sık künt travmalar sonrasında görülmektedir (1-5). Künt travmaya sekonder gelişen yaralanmaların en az %30-42' si ölümcül olup, bu hastaların %50-80' i ilk saat içinde hayatını kaybetmektedir (1,6-8). Trakeobronşiyal yaralanmaların uygun yaklaşım ile etkili şekilde tedavi edilebilmesi için erken tanı ve klinik farkındalık gereklidir.

Bu bölümde TBY'nin risk faktörlerini, klinik belirtilerini, tanı ve tedavisini literatür eşliğinde tartışmayı amaçlıyoruz.

TARİHÇE

Trakeal bronşiyal yaralanmalar ile ilgili ilk yayın, 1873 yılında trafik kazası sonrası ex olan kişinin otopsi bulgusu olarak sağ ana bronş rüptürünün bildirimidir (9). İlk cerrahi deneyim 1913 yılında Dr. Hotz tarafından sunulmuştur (10). İlk kez bronş yaralanması sonrası uzun sağ kalım 1927 yılında bildirilmiş ve 1931 yılında Nissen sol ana bronş yaralanması olan 12 yaşındaki olguda başarılı sol pnömonektomi ve yine sol ana bronş yaralanması olan bir olguda sleeve rezeksiyonu yayınlamıştır (11).

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layıcıların eğitimi önemlidir. Trakea ve bronşiyal yaralanması olan hastaların dikkatli değerlendirilmesi, etkili hava yolu yönetimi, en kısa sürede deneyimli göğüs cerrahisi kliniği bulunan merkezlere yönlendirilerek takip ve tedavisinin planlanması önerilir. Tüm TBY'li hastalarda iyi sonuçlar için; hızlı tanı, başarılı cerrahi müdahale ve klinik farkındalık şarttır.

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