

BÖLÜM 3

ÇOCUKLARDA İŞEME BOZUKLUKLARI:

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GİRİŞ

Normal işeme paterninde ortaya çıkan düzensizlikler, çeşitli idrar yolu semptomlarına ve hastalıklara neden olur. İşeme bozuklukları, hafif belirtilerden tekrarlayan sistit, akut piyelonefrit (APN), hidronefroz ve vezikoüreteral reflüye (VUR) kadar değişen bulgularla karşımıza çıkar. Çocuklarda işeme bozuklukları, olgunlaşmamış mesane, anormal işeme alışkanlıkları ve idrar sfinkter işlev bozukluğundan kaynaklanır. Tekrarlayan idrar yolu enfeksiyonları (İYE) ve işeme disfonksiyonuna bağlı üst üriner sistem bozuklukları genellikle işeme sırasında oluşan yüksek mesane basıncı, tam olmayan mesane boşaltımı ve/veya fonksiyonel mesane çıkış tıkanıklığı ile ilişkili şiddetli sfinkter disfonksiyonunda görülür. Diyet ve sosyal faktörler de tuvalet davranışını etkiler ve bu hastaların yönetiminde erkenden ele alınması gerekir.

NORMAL İŞEME

Normal bir işeme döngüsü, yeterli hacimde ve düşük basınçlı bir şekilde mesanenin doldurulması ve ardından mesanenin tamamen boşaltılması olarak iki aşamaya ayrılır⁽¹⁾. İşeme döngüsünün bu her iki aşaması da koordine edilmiş ve aktif süreçlerdir. Mesane dolması için, mesanenin gevşemesi ve üriner sfinkter kompleksinin tonusunun artması gerekir. Mesane dolgunluğa yaklaştıkça, mesane duvarındaki gerilim algılayan reseptörler, işeme ihtiyacının sinyallerini gönderen afferent sinirleri tetikler. İstemli işeme, sfinkterin gevşemesi ve mesane düz kasının koordineli kasılması ile gerçekleşir.

Kontinans sağlamaya yönelik mekanizmalar tam olarak anlaşılmasa da, çocuklar genellikle bağırsak ve mesane için belirli bir kontinans süreci izler. Yenidoğanlarda mesanenin dolmasını, refleksif boşaltım (işeme refleksi) izlemektedir. Bu refleksif işeme döngüsü sakral omurilik tarafından kontrol edilir ve yaklaşık olarak saatte bir gerçekleşir⁽²⁾. Altı aylık olduktan sonra, işeme kontrolü sakral korddan pontin işeme merkezine kaydııkça idrar hacimleri artar ve işeme sıklığı

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trüksiyonu, Mitrofanoff prosedürü, Sling sistoüretropeksi veya yapay bir sfinkter cihazının yerleştirilmesi gibi işlemlerin hangisinin yapılacağına karar verilir.

SONUÇ

İnkontinans, küçük çocuklarda kabul edilebilir olsa da, çocuklar okul çağına geldikçe giderek daha rahatsız edici hale gelir. Semptomun kendisi hem fonksiyonel hem de anatomik birçok bozukluğu kapsar. İslatan çoğu çocuk için, ayrıntılı bir öykü ve fizik muayene genellikle ıslanma bozukluğunun türünü belirleyecek ve uygun bir tedavi süreci sağlayacaktır. Bu çocuklar için, zamanlanmış işeme programı ve diyet değişikliği gibi basit davranış değişiklikleri, ıslatma epizotlarının sayısını önemli ölçüde azaltabilir ve İYE'nu önleyebilir. İslatma, İYE ve ateş ile ortaya çıktığında, radyolojik değerlendirme yapılmalı ve üst üriner sistemin bozulmasını önlemek için altta yatan herhangi bir ciddi fonksiyonel veya anatomik anormallik hızla tespit edilmelidir.

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