

BÖLÜM 5

VARİS DIŐI ÜST GASTROİNTESTİNAL SİSTEM KANAMALARI

Gülten CAN SEZGİN¹

GİRİŐ

Üst gastrointestinal kanamalar (ÜGİK) Treitzligamentininproksimalinden kaynaklanan kanamalar olarak tanımlanır. Varis dışı ÜGİK;özofagial, gastrik ve duodenal varislerin yokluęunda görülen kanamalardır¹. Akut ÜGİK tüm dünyada oldukça yaygın olarak görülmekte ve hastaneye başvuruların önemli bir nedenini oluşturmaktadır. Yıllık insidansı 40-150/100000'dir. Özellikle yaşı hastalarda önemli bir morbidite ve mortalite nedenidir². Mortalite oranı %10-14 civarında görülmektedir. Son yıllarda endoskopi ve yoğun bakım ünitesindeki gelişmelere rağmen mortalite oranı deęişmemektedir¹. Akut ÜGİK'in nedenleri büyük oranda varis dışı sebeplere baęlıdır. Bunlar peptik ülserler %28-59 (duodenal ülser %17-37, gastrik ülser %11-24), mukozaleroziv hastalık (özefagus, mide ve duodenum) %1-47, Mallory-Weiss sendromu %4-7, üst gastrointestinaltractmalignensi %2-4, dięer tanılar %2-7 ve sebebi tam belirlenemeyen vaka oranı %7-25 olarak tespit edilmiştir^{3,4}. Akut ÜGİK'in %16-20'sinde kanama sebebinin anlaşılabilmesi için birden fazla endoskopik tanıya gereksinim duyulmaktadır². Nonsteroidantiinflamatuvar ilaç, asetilsalisilik asit kullanımı;peptik ülser veya şiddetli eroziv gastrite sebep olabilmektedir. Aortik protez varlığı aorta-intestinal fistül riskini artırmaktadır. Bu nedenle hastanın tıbbi öyküsü dikkatli sorgulanmalıdır¹.

KANAMA BULGULARI

Kanlı kusma (hematemez) ve/veya siyah renkli dışkılama (melena), kanamanın şiddetine baęlı olarak kırmızı renkli dışkılama (hematokezya) gibi klinik bulgular görülebilir. Aşıkâr kanlı kusma varlığı orta-şiddetli kanama olduğunu, kahve telvesi kusma kanamanın sınırlandığını gösterebilir. Melena olması %90 Trietzligamentininproksimalinden kaynaklananbir kanama olduğunu göstermekle birlikte, kanamanın kaynağı orofarinks, nazofarinks, ince barsak veya saę kolon da olabi-

¹ Dr. Öğr. Üyesi Gülten CAN SEZGİN, Erciyes Üniversitesi Tıp Fakültesi Erciyes Üniversitesi Tıp Fakültesi, İç Hastalıkları AD. gsezgin@gmail.com

Yeniden kanama riskinin azaltılması için, H.pylori pozitif hastalarda mutlaka eradikasyon tedavisi verilmelidir.

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