

Mastositozlu Olguya Anestezi Yaklaşım

34. BÖLÜM

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OLGU

Hastamız 16 aylık, 11 kg ağırlığında erkek çocuk. Miyadında, sezaryen ile doğan hastanın 2 aylıktan itibaren kaşıntı ve cilt lezyonları tespit edilmiş, 10 aylıkken yapılan ileri tetkiklerde kutanöz mastositoz (KM) tanısı konulmuştur. Hastaneye, her iki el içi ve ayaklarda %10-20 oranında sıcak su yanığı ile yatırılan hastaya debridman ve greftleme planlanarak anestezi konsültasyonu istendi. Değerlendirmede, olgunun daha önceden herhangi bir ameliyat geçirmediği, düzenli olarak hidrokisiz şurup kullandığı öğrenildi. Epileptik nöbet öyküsü olan hasta nöroloji tarafından değerlendirildi. Ek bir önerileri olmadı. Yanaklarda, burunda, kollarda, bacaklarda, gövdede çok miktarda, portakal renginde, pembe infiltrasyon plak ve papüller mevcuttu. Başka sistemik problemi olmayan olgu, pediatrik alerji kliniğine danışıldı. Konsültasyon sonucunda olgunun, opioidler, morfin, kodein, aspirin, nöromusküler blokerler ve daha birçok ilaca ve uyarıcı etkenlere (sıcak, soğuk, egzersiz vb.) alerjisi olduğu belirlendi. Laboratuvar incelemesinde; tam kan sayımı (hemoglobin (Hb): 12.5 g dL, beyaz küre (WBC): 7900×10^3 μ L, trombosit: 435.000×10^3 μ L), protrombin zamanı (PT): 10.5 sn, aktive parsiyel tromboplastin zamanı (aPTT): 27.5 sn, periferik yayma (%34 lökosit, %61 lenfosit, %5 eozinofil) karaciğer fonksiyon testleri, böbrek fonksiyon testleri normal sınırlarda bulundu. Servisteki idrar takibi ise normal sınırlardaydı ($3-4$ mL kg^{-1} saat⁻¹). Hasta değerlendirildikten sonra, aile bilgilendirildi kaygıları azaltıldı ve anestezi yaklaşımı anlatıldı. Hastanın ameliyattan önceki akşam ve ameliyattan 2 saat önce bir ölçek hidrokisiz şurup alması sağlandı. Anestezi induksiyonu öncesi, sıcaklık, elektrokardiyografi, nabız oksimetresi (SpO₂) ve noninvasif kan basıncı monitörize edildikten sonra, kan basıncı (KB) 110/70 mmHg, kalp atım hızı (KAH) 148 atım dk⁻¹, SpO₂ %99, vücut sıcaklığı 36,5 °C olarak kaydedildi. Anestezi induksiyonu, %8 konsantrasyonda sevofluran ve oksijen ka-

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