BÖLÜM 1

PLEVRA HASTALIKLARI

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rezeksiyonu ve modifiye anjiyografik tekniklerle endobronşiyal olarak yerleştirilen girişimsel radyolojik oklüzyon gibi çeşitli yollarla tedavi edilir. Bu terapötik tekniklerin her biri, bronkoplevral fistüllerin radyolojik tespiti ve gösterilmesinden faydalanabilir (18-20).

Fistül kapatıldıktan sonra hastalar nüksün klinik semptomları, göğüs tüpü hava çıkışı ve göğüs görüntülemesi açısından izlenmelidir. Tekrar bronkoskopi rutin değildir ve sadece fistül nüksü veya bir komplikasyondan şüpheleniliyorsa (örn. Stent yer değiştirmesi) yapılır. Cerrahi veya bronkoskopik müdahalede başarısız olan hastalar için seçenekler arasında tekrar ameliyat, nadir durumlarda Eloesser flep torakostomisi veya Claggett penceresi gibi açık pencereli bir torakostomi yer alır(18-20).

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