

Bölüm 11

DERİN BOYUN ENFEKSİYONLARI

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GİRİŞ

Geniş spektrumlu antibiyotiklerin olmadığı dönemde, derin boyun enfeksiyonları (DBE) sık izlenirdi, önemli bir morbidite ve mortalite kaynağı olarak görülürdü. Geniş spektrumlu antibiyotiklerin kullanıma girmesi ile DBE'nin sayısı oldukça azalmıştır. Ancak erken tanı konulamadığında ve yetersiz, uygun olmayan şekilde tedavi edildiğinde ciddi morbidite ve mortalite nedeni olmaya devam etmektedir. Organ nakli, kemoterapi, AIDS'e bağlı immun yetmezlik, enfeksiyon için boynu kullanan ilaç bağımlıları DBE'nin görülebildiği yeni hasta gruplarıdır^(1,2,3).

DBE'nin ciddi komplikasyonlarını engellemek için; enfeksiyon kaynağını, semptomlarını, bulgularını, muhtemel patojenlerini, uygun laboratuvar ve radyolojik tetkiklerini, tedavi yaklaşımlarını bilmek gerekir. Tanı koymada gecikme veya yanlış tanı konulması ciddi sonuçlar doğurabilir^(4,5,6,7). Modern antibiyotik çağında bile %40'a varan yüksek mortalite oranı rapor edilmiştir^{8,9}.

ETYOLOJİ

Üst solunum yolu ve tükürük bezi enfeksiyonları, odontojenik enfeksiyonlar, travma, yabancı cisim, muayene ve \ veya cerrahi manipülasyonlar DBE için en sık izlenen enfeksiyon kaynaklarıdır^(5,10). Geniş spektrumlu antibiyotiklerin olmadığı dönemde DBE, en sık tonsillofarenjitler nedeniyle olmaktaydı ve en sık parafarengeal alan içinde gelişmekteydi. Antibiyotiklerin erken dönemde yaygın kullanımına bağlı olarak tonsillofarenjit kaynaklı DBE sıklığı azalmıştır. Günümüzde DBE, sıklıkla odontojenik ve tükürük bezi kaynaklı enfeksiyonlar nedeniyle submandibuler alanda gelişmektedir^(1,6,11). Çocuklarda ise, akut tonsillit nedeniyle peritonsiller alanın tutulumu en sık DBE nedeni olarak göze çarpmaktadır^(1,12). Odontojenik kaynaklı submandibuler alan tutulumu ikinci sıklıkla

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