Uluslararası Katılımlı
ASYOD
AKCİĞER SAĞLIĞI KONGRESİ
Sizin Sesiniz, Sizin Kongreniz...
9-12 Nisan 2025
Sueno Deluxe Hotel, Belek/Antalya
UASK 2025
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UNİPORTAL VATS İLE DESTROYED AKCİĞER CERRAHİSİ

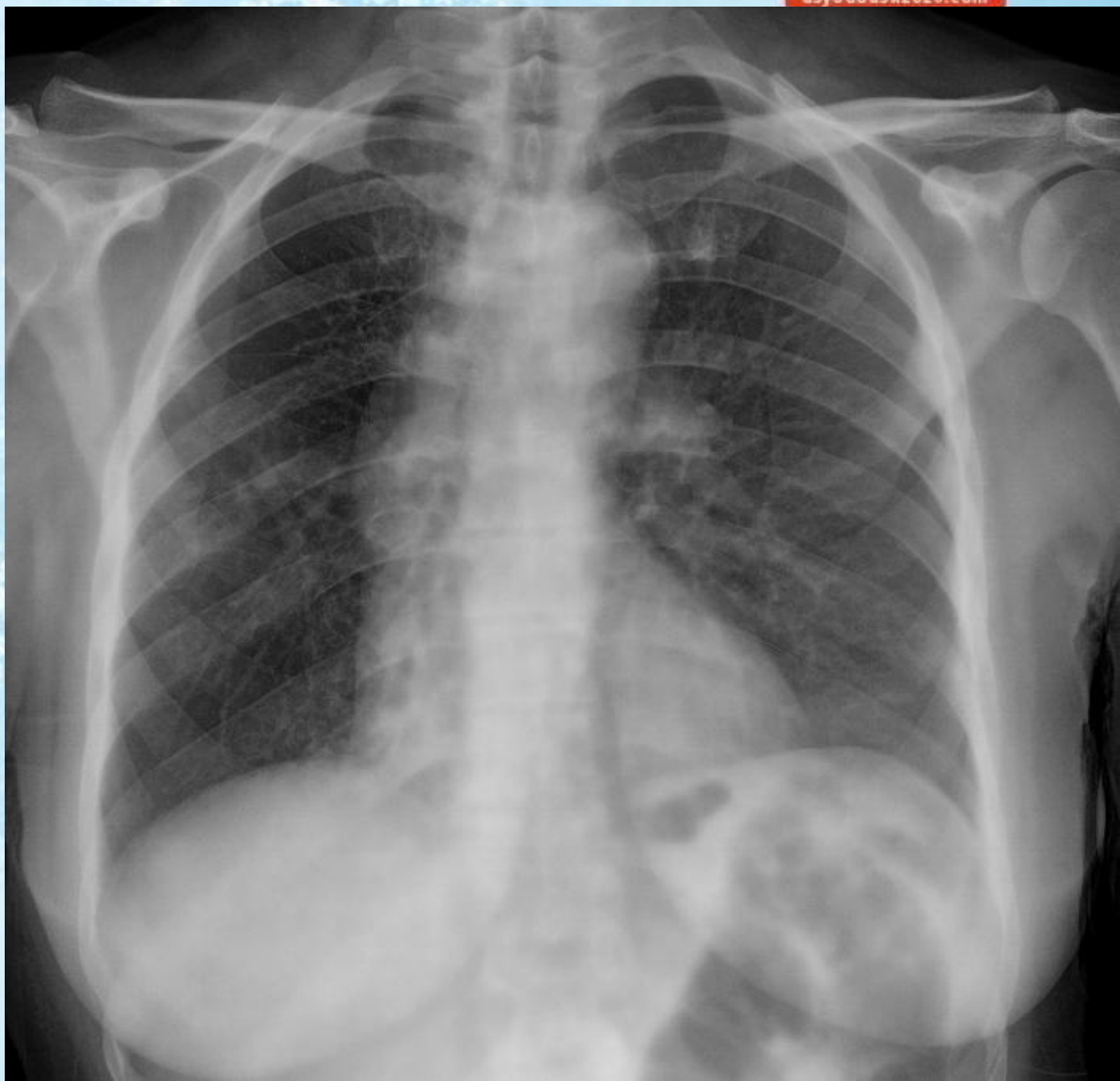
PROF. DR. HAKKI ULUTAŞ
İZMİR EKONOMİ ÜNİVERSİTESİ
MEDİCAL POİNT HASTANESİ
GÖĞÜS CERRAHİSİ

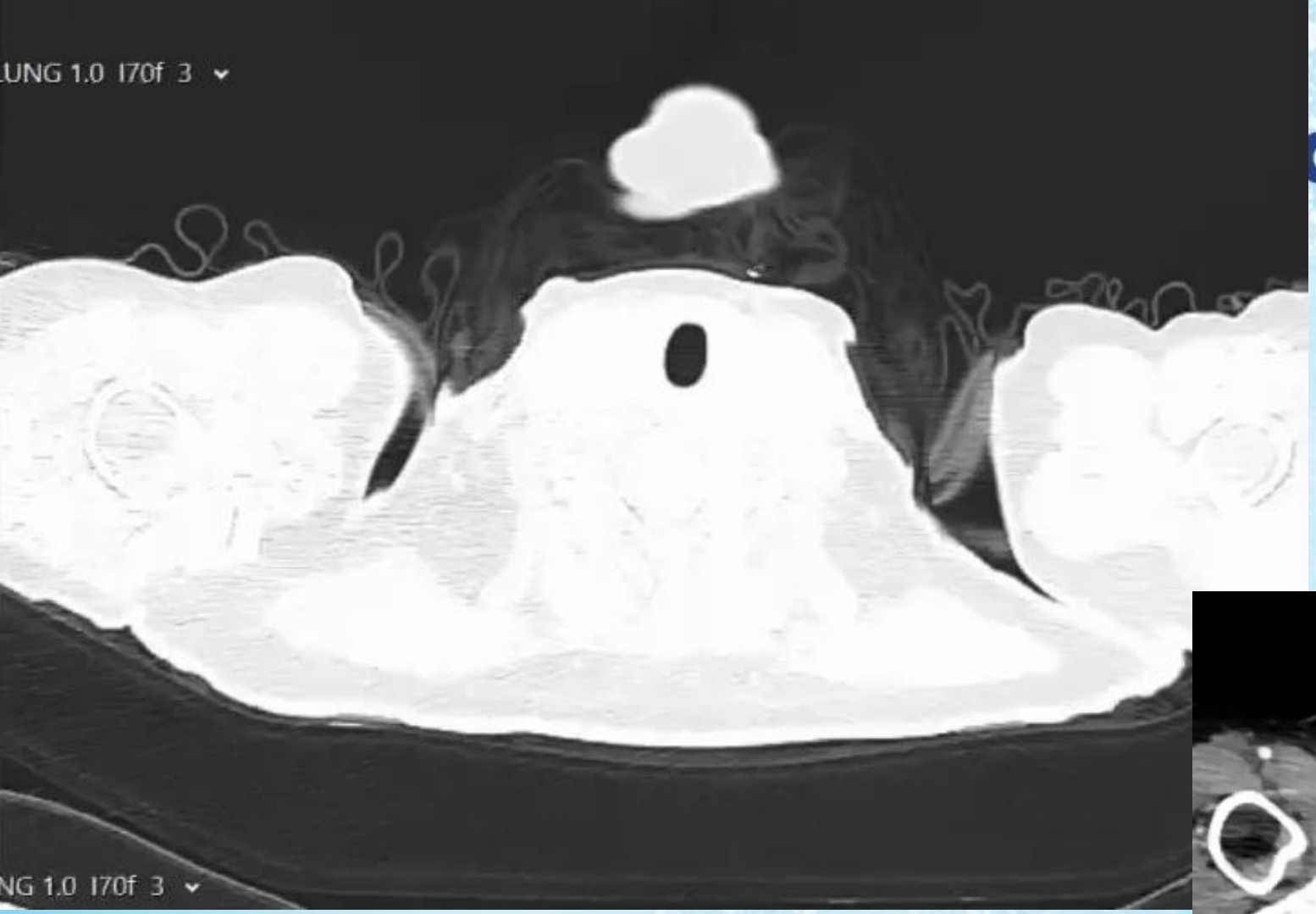
Çıkar çatışmam yoktur

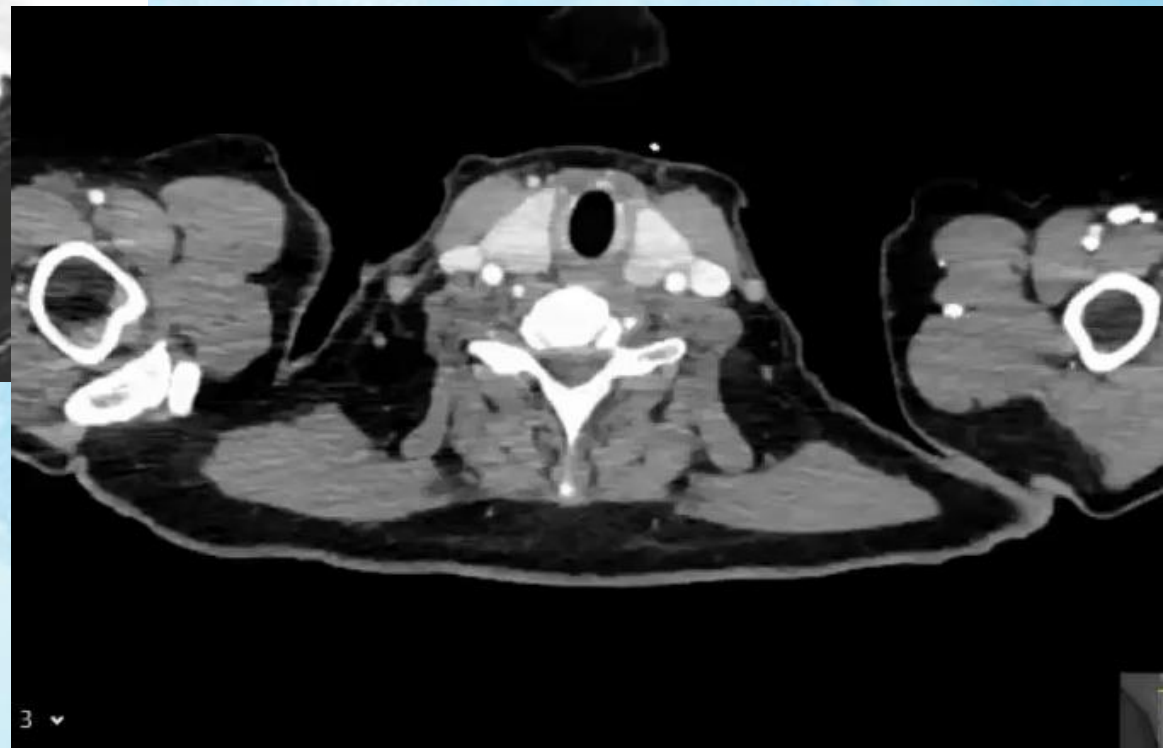
Olgu

- E.Ç. 48 yaşında kadın
- Çocukluktan beri tekrarlayan öksürük-balgam
- Nefes darlığı için bronkodilatatör tedavi alıyor
- Son zamanlarda başlayan ara ara olan hemoptizi
- FM: Dinlemekle sağ üst ve alt zonda yaygın kaba ralleri mevcut
- Lab: Normal sınırlarda

Preop. PA AC







Preop. TBT

Preoperatif değerlendirme

SFT: Haziran 2022- FEV1- 1260 ml (%52), FVC- 1910 (%67), FEV1/FVC: %66

Aralık 2022- FEV1: 1350 ml (%56)

* 2 kat merdiven testi

* 4 kat merdiven testlerinde patoloji saptanmadı

Nasıl bir yol izlemeliyiz ?

1. *Takip*
2. *Medikal tedavi dozunu artırılmalı*
3. *Medikal İnoperabl*
4. *Cerrahi- a) Torakotomi*
   b) VATS
   - *Sağ Üst lobektomi*
   - *Sağ Alt Lobektomi*
   - *Sağ Pnömonektomi*
   - *Akciğer Nakli*

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   - Sağ Pnömonektomi
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Journal of Pediatric Surgery (2012) **47**, E25–E28

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Journal of Pediatric Surgery

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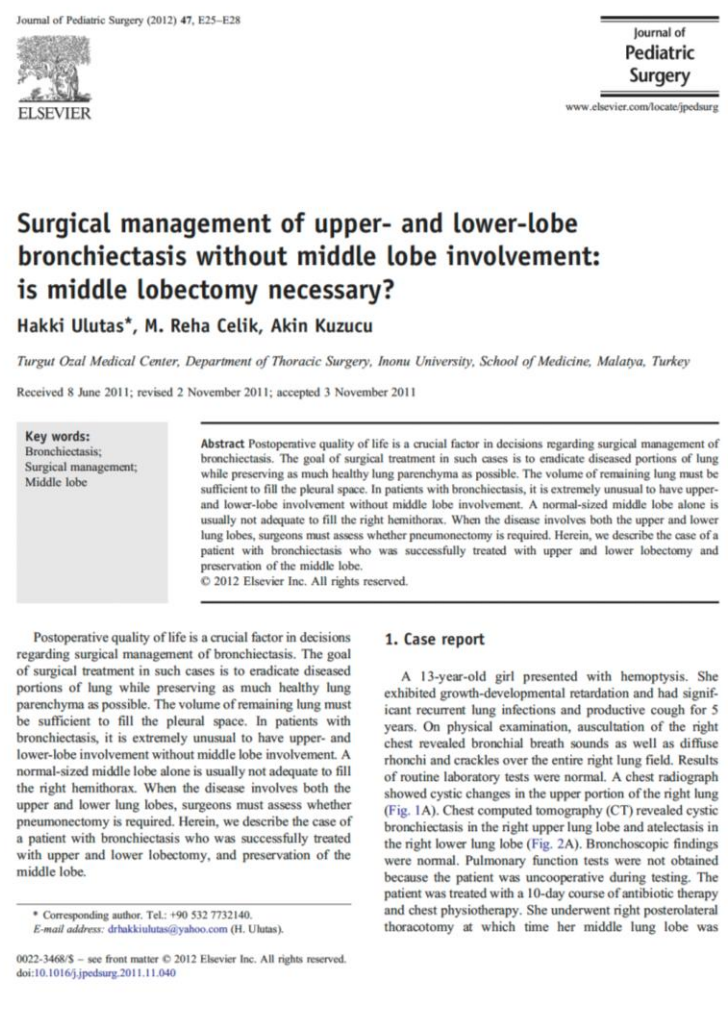
Surgical management of upper- and lower-lobe bronchiectasis without middle lobe involvement: is middle lobectomy necessary?

Hakki Ulutas*, M. Reha Celik, Akin Kuzucu

Turgut Ozal Medical Center, Department of Thoracic Surgery, Inonu University, School of Medicine, Malatya, Turkey

Received 8 June 2011; revised 2 November 2011; accepted 3 November 2011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Key words: Bronchiectasis; Surgical management; Middle lobe

Abstract Postoperative quality of life is a crucial factor in decisions regarding surgical management of bronchiectasis. The goal of surgical treatment in such cases is to eradicate diseased portions of lung while preserving as much healthy lung parenchyma as possible. The volume of remaining lung must be sufficient to fill the pleural space. In patients with bronchiectasis, it is extremely unusual to have upper- and lower-lobe involvement without middle lobe involvement. A normal-sized middle lobe alone is usually not adequate to fill the right hemithorax. When the disease involves both the upper and lower lung lobes, surgeons must assess whether pneumonectomy is required. Herein, we describe the case of a patient with bronchiectasis who was successfully treated with upper and lower lobectomy and preservation of the middle lobe.

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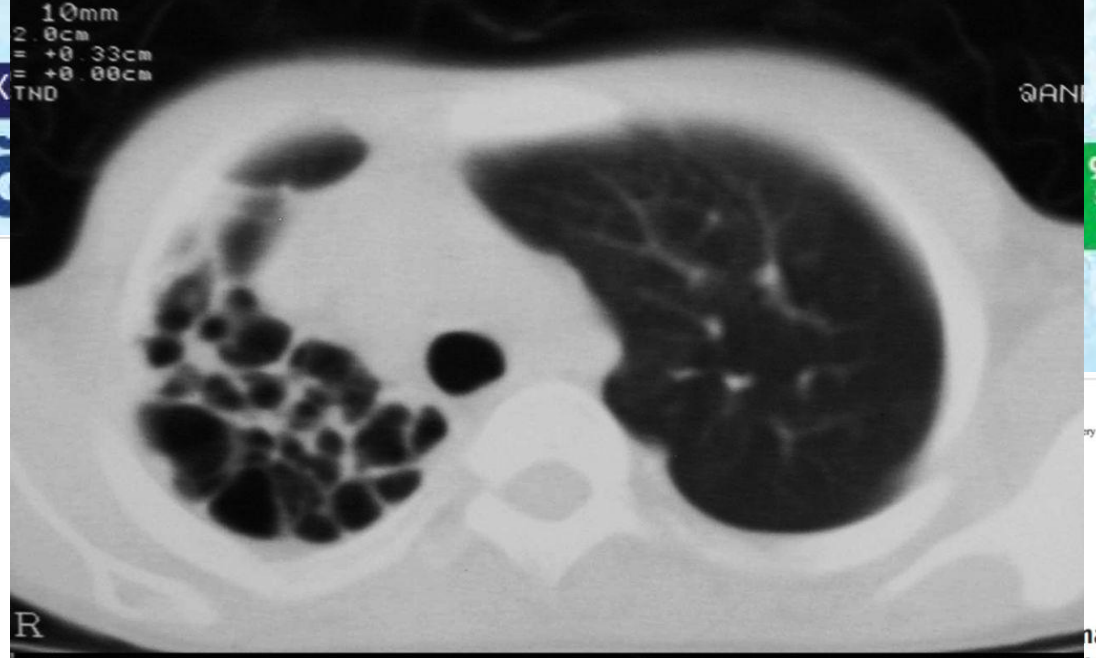
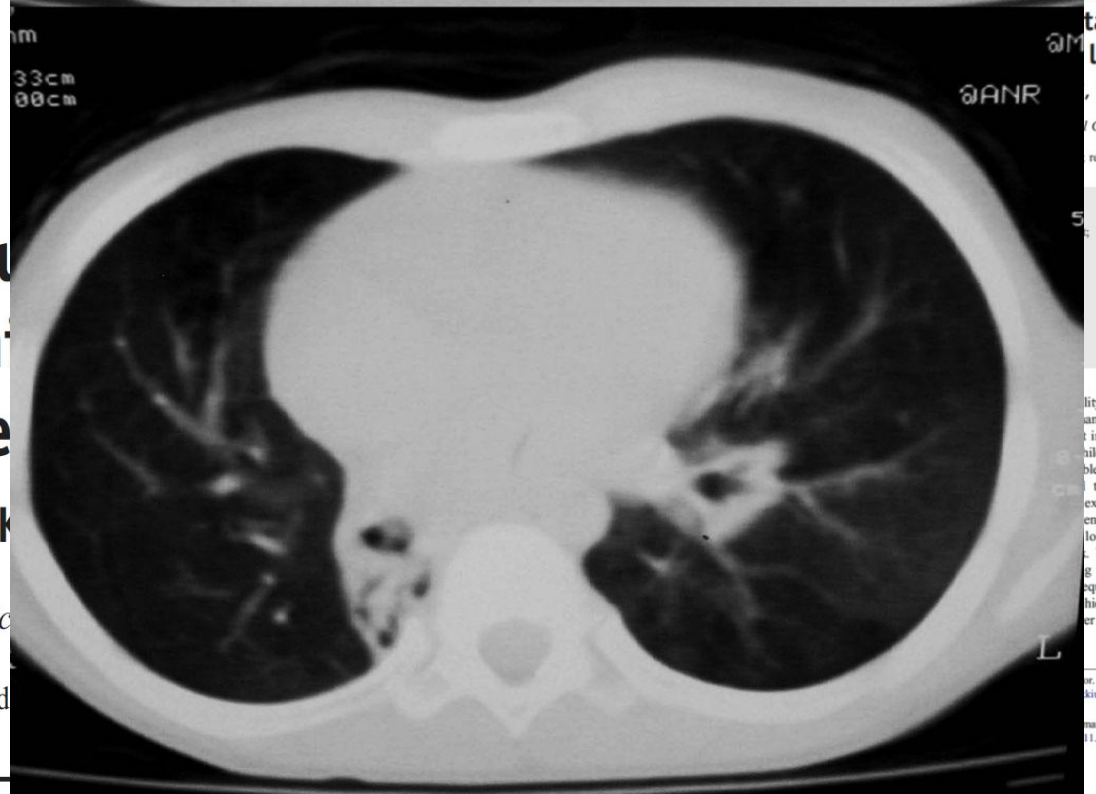
doi:10.1016/j.jpedsurg.2011.11.040

1. Case report

A 13-year-old girl presented with hemoptysis. She exhibited growth-developmental retardation and had significant recurrent lung infections and productive cough for 5 years. On physical examination, auscultation of the right chest revealed bronchial breath sounds as well as diffuse rhonchi and crackles over the entire right lung field. Results of routine laboratory tests were normal. A chest radiograph showed cystic changes in the upper portion of the right lung (Fig. 1A). Chest computed tomography (CT) revealed cystic bronchiectasis in the right upper lung lobe and atelectasis in the right lower lung lobe (Fig. 2A). Bronchoscopic findings were normal. Pulmonary function tests were not obtained because the patient was uncooperative during testing. The patient was treated with a 10-day course of antibiotic therapy and chest physiotherapy. She underwent right posterolateral thoracotomy at which time her middle lung lobe was





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1.11.040

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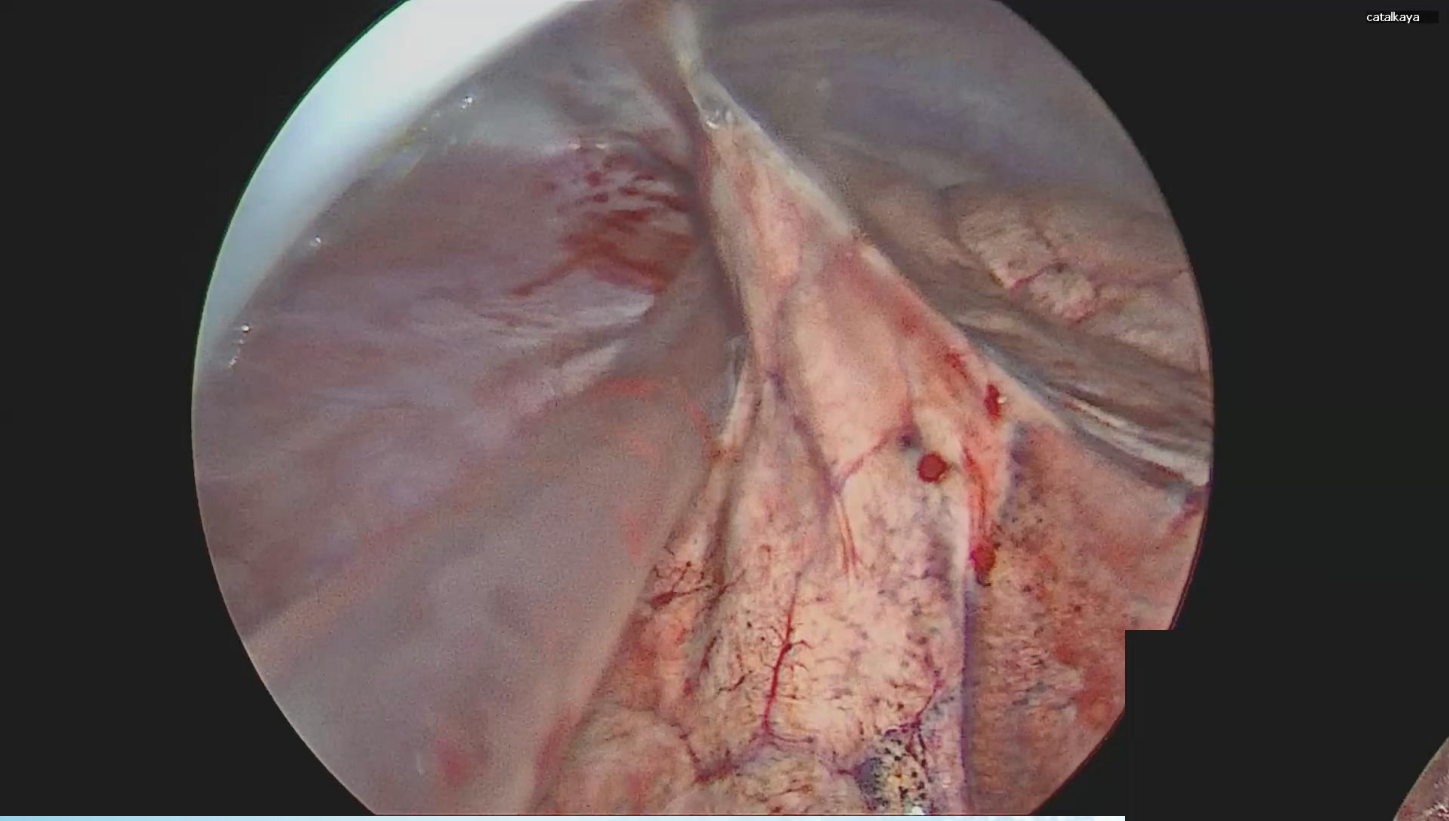
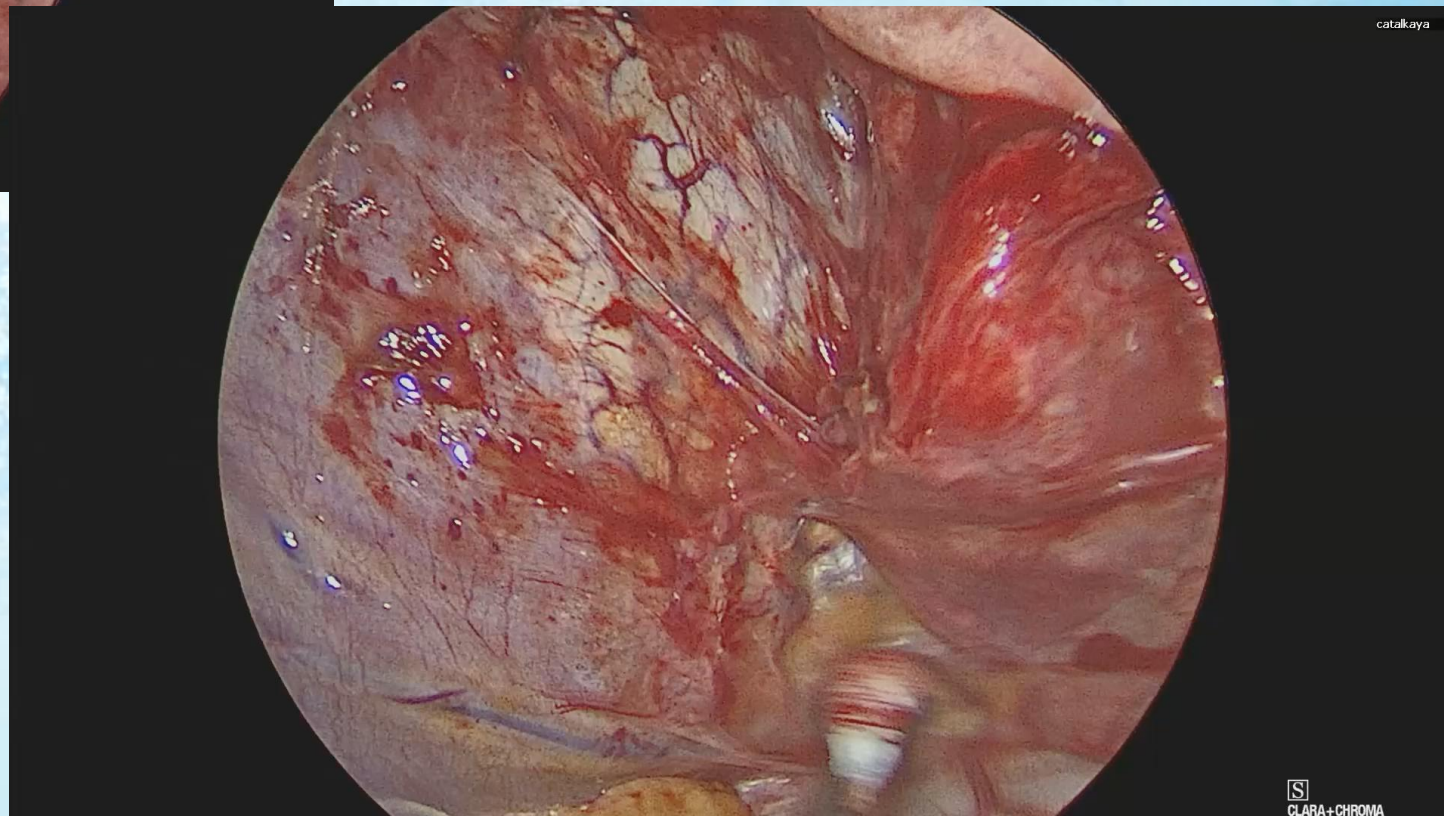
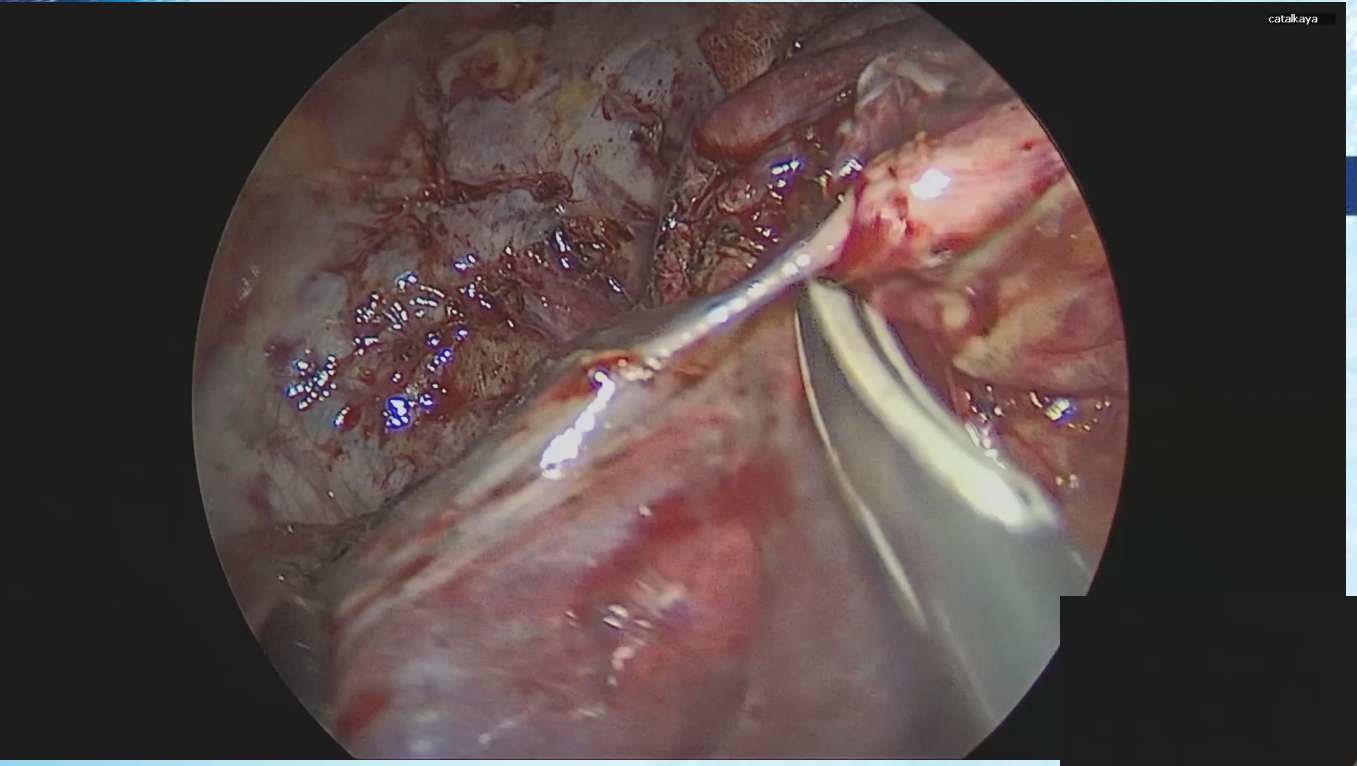
   - Sağ Pnömonektomi ?
   - Akciğer Nakli
   - Sağ Üst Lobektomi + Sağ Alt lobektomi

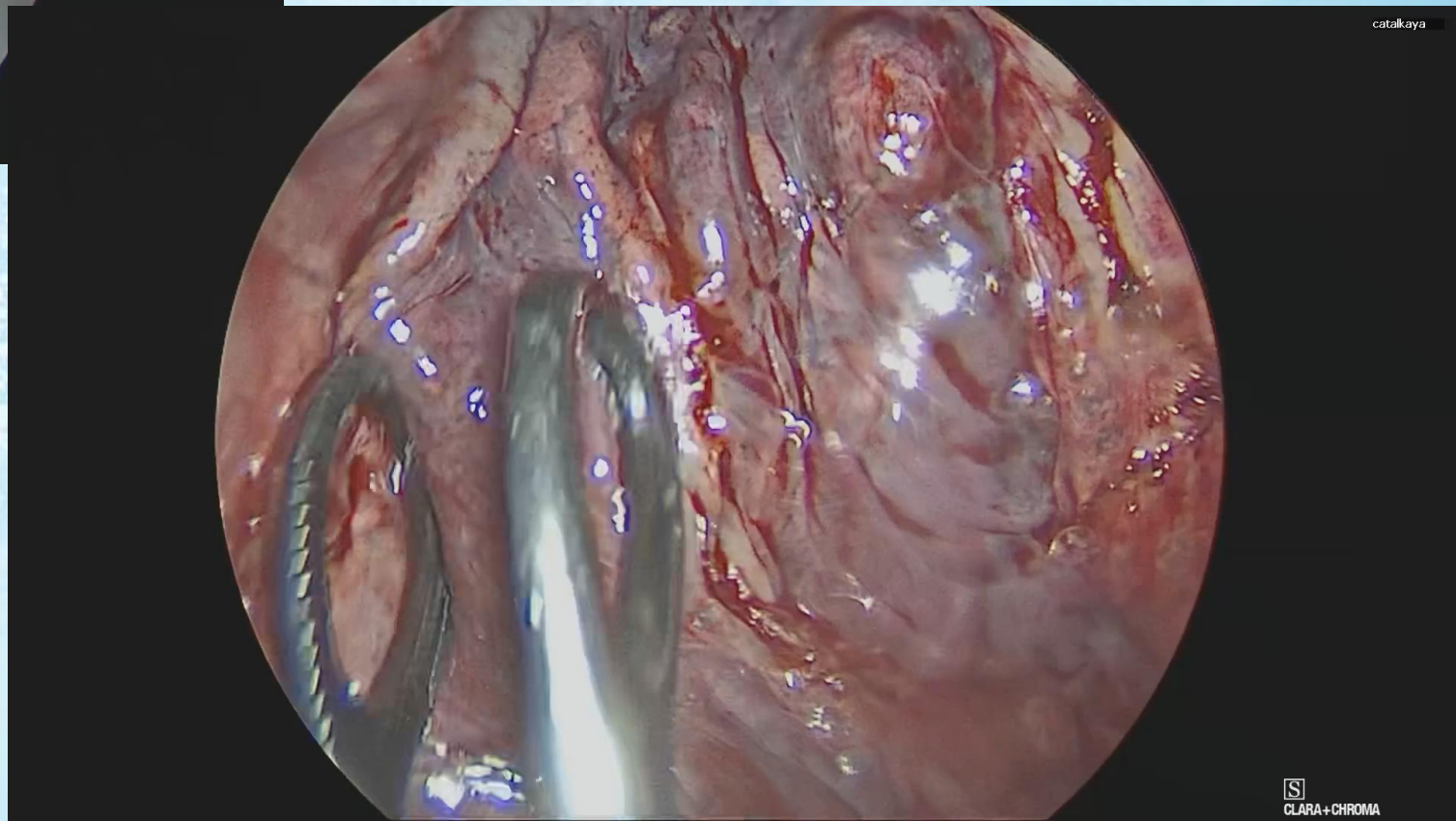


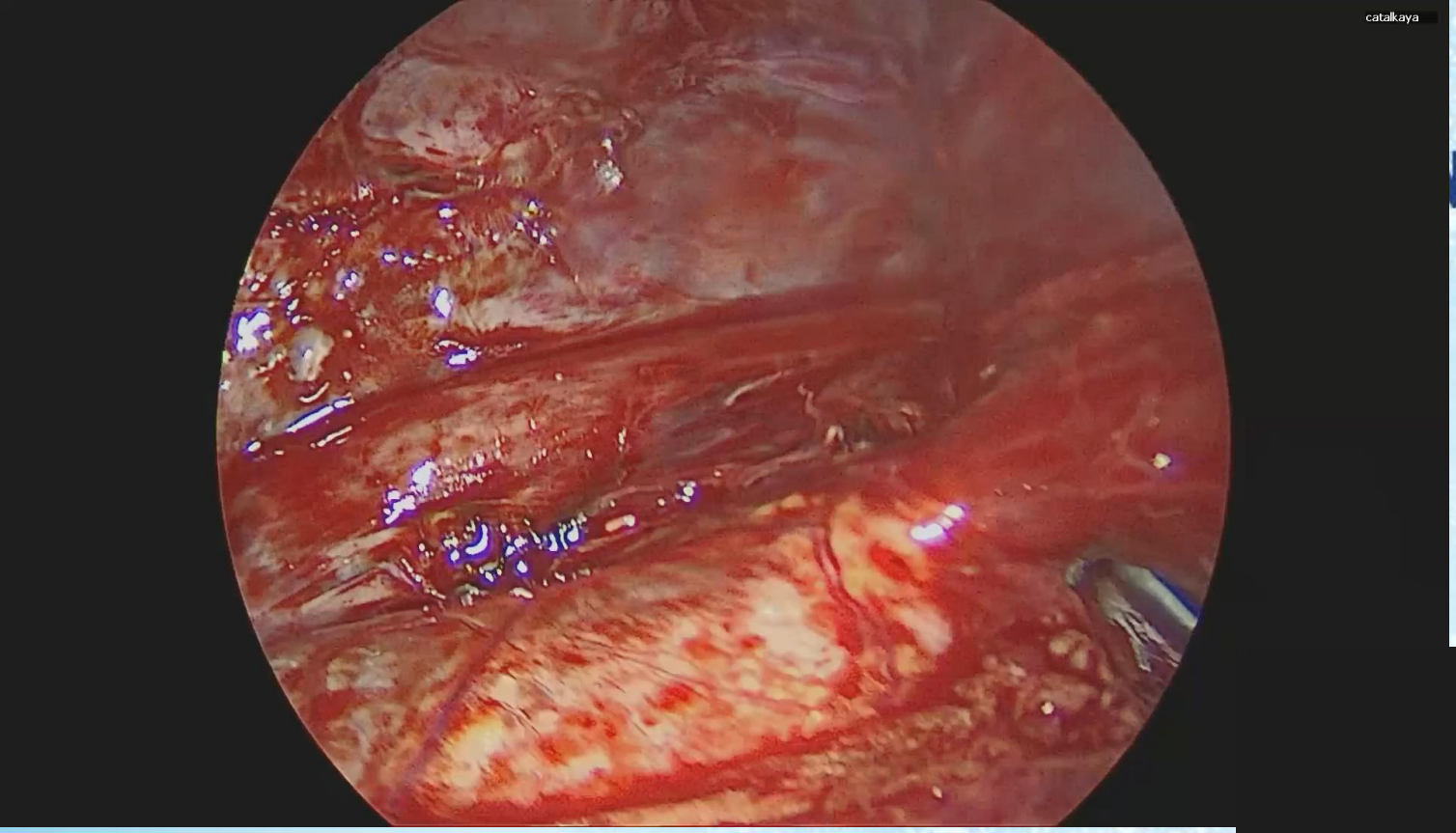
Plevral Yapışıklıklar





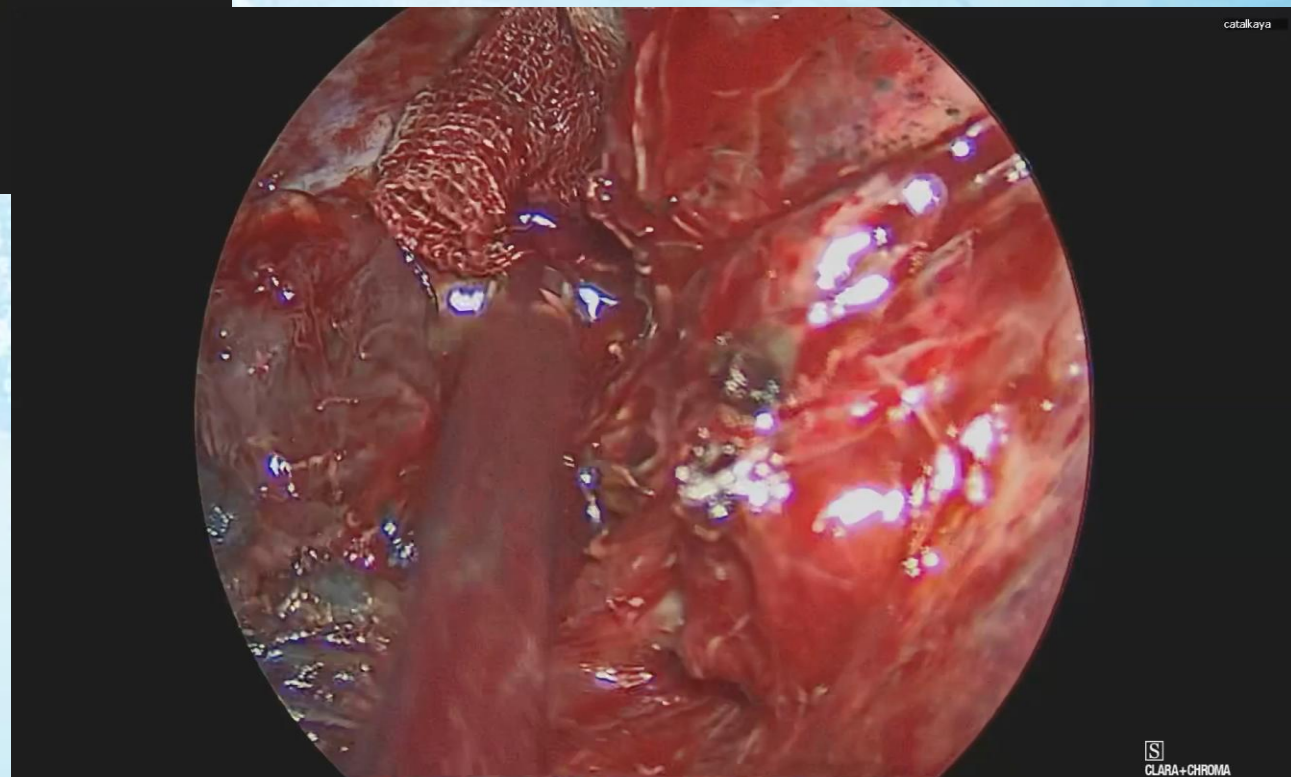
Majör ve Minör Fissür Diseksiyonu

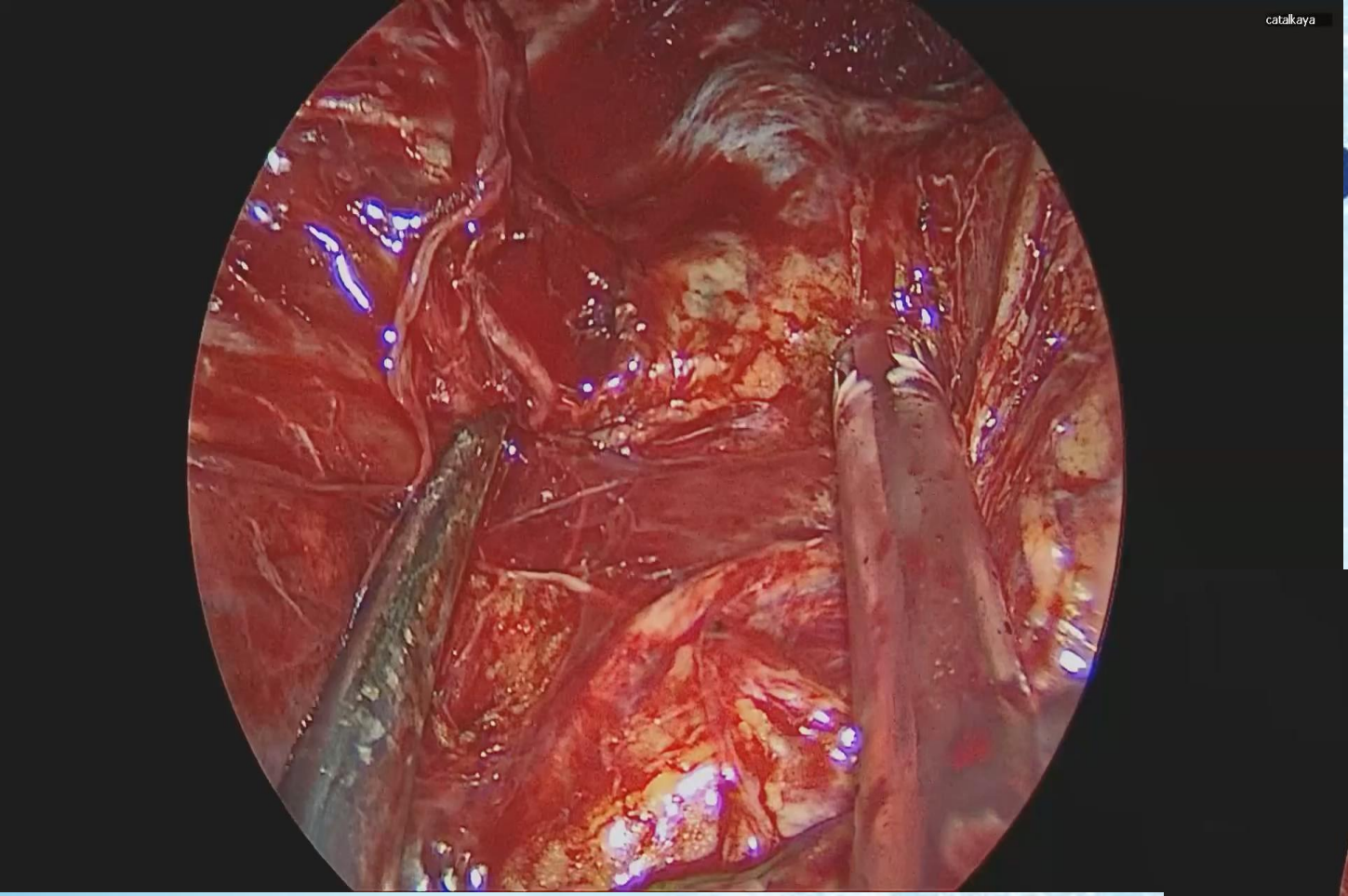


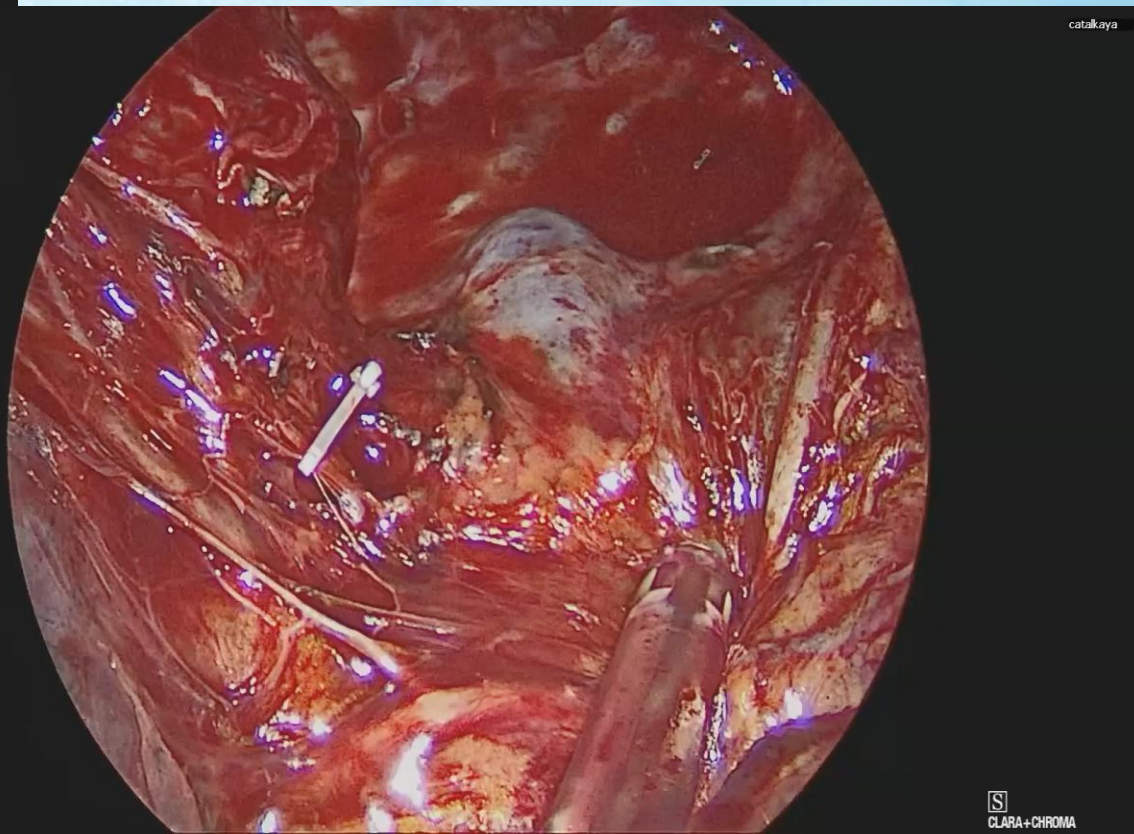


İnf Ligaman ve İnf. Pulmoner ven

Post. Asendan arter

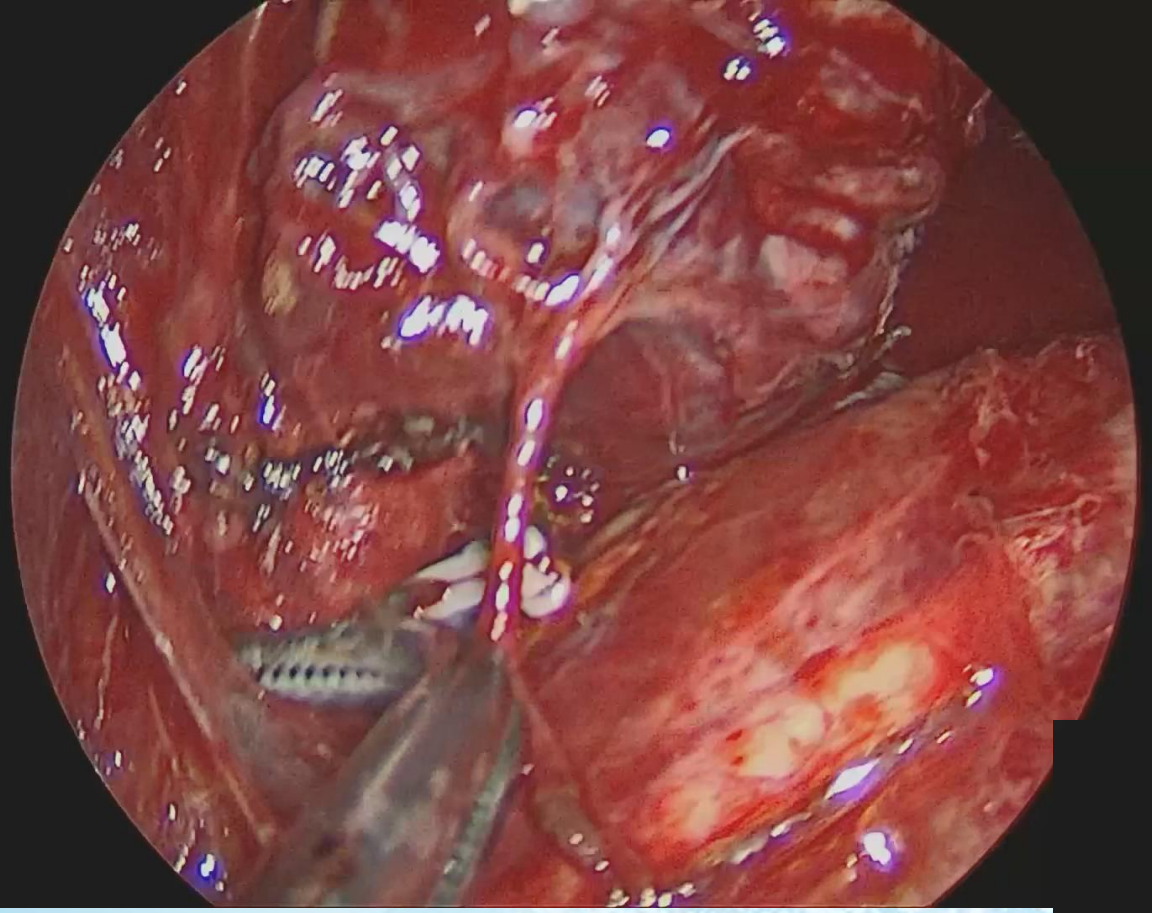




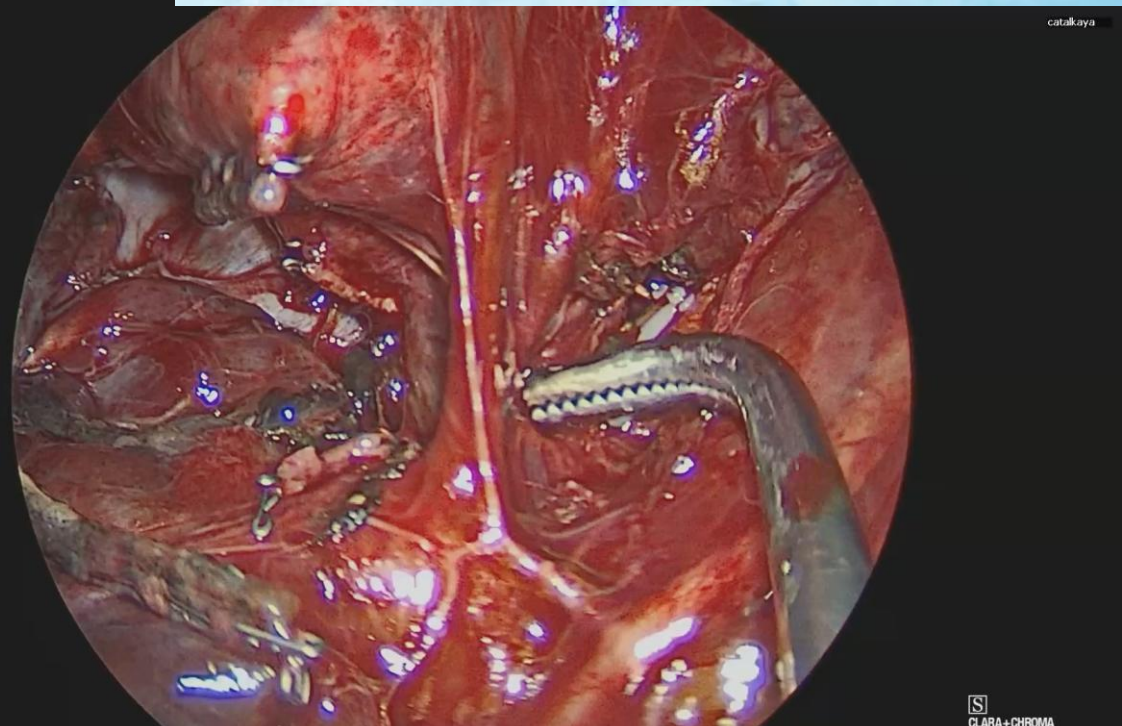


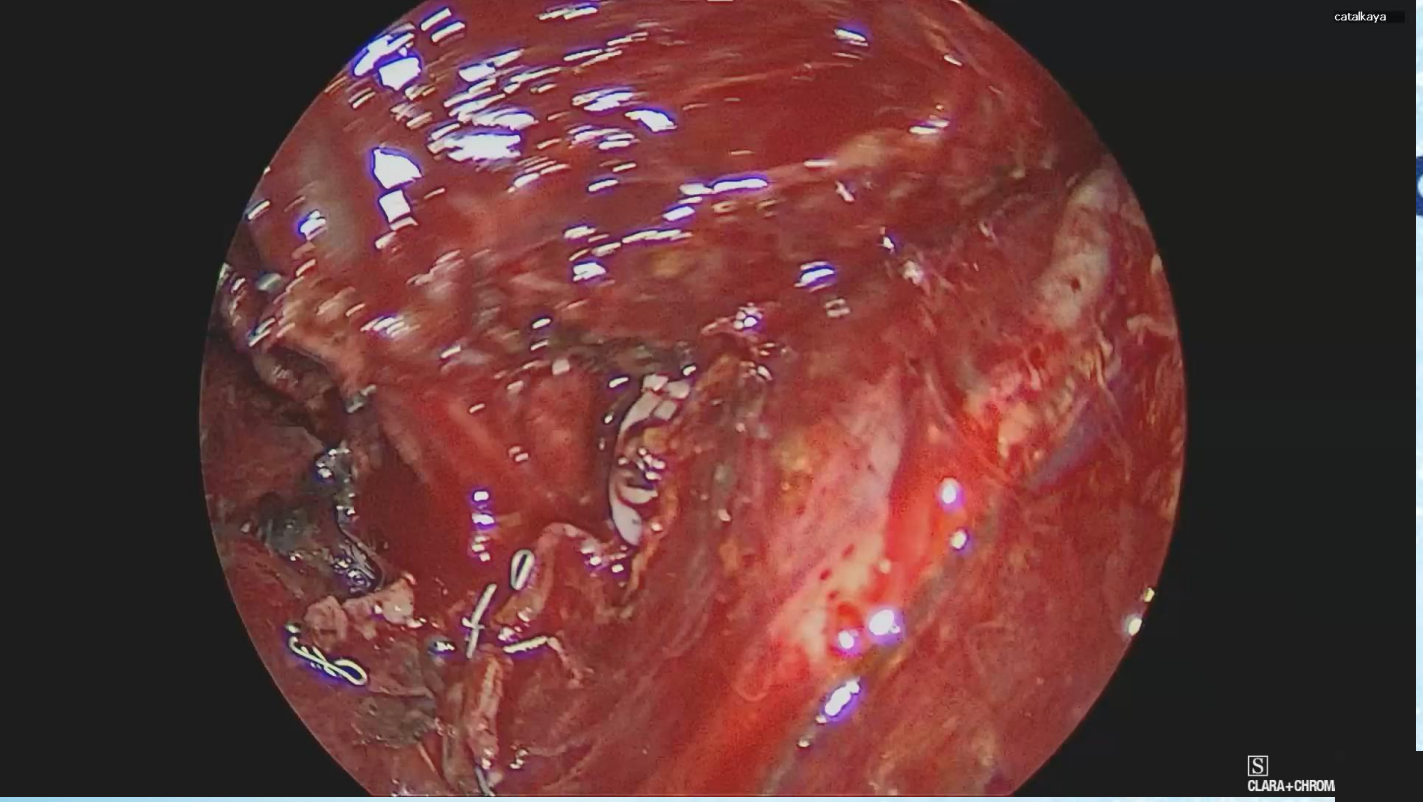
Atipik Apikal Arter- kanama

Hemolog- Klips



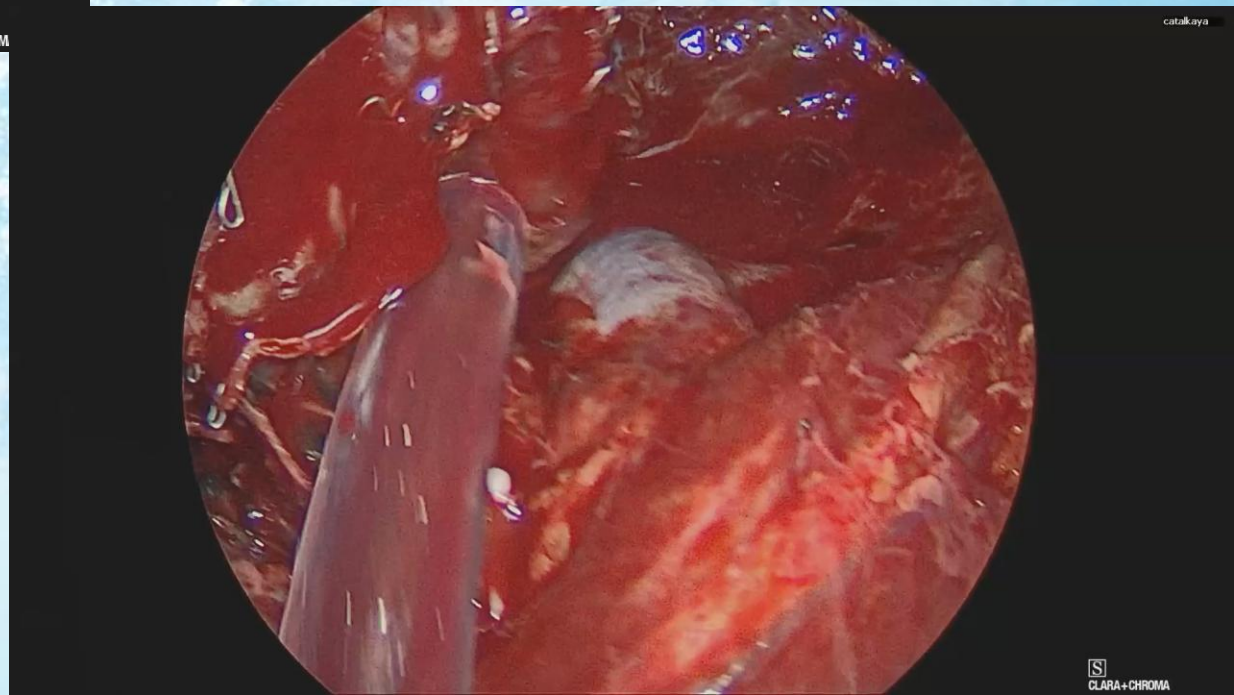
Minör Fissür ve Sup Pulmoner Ven

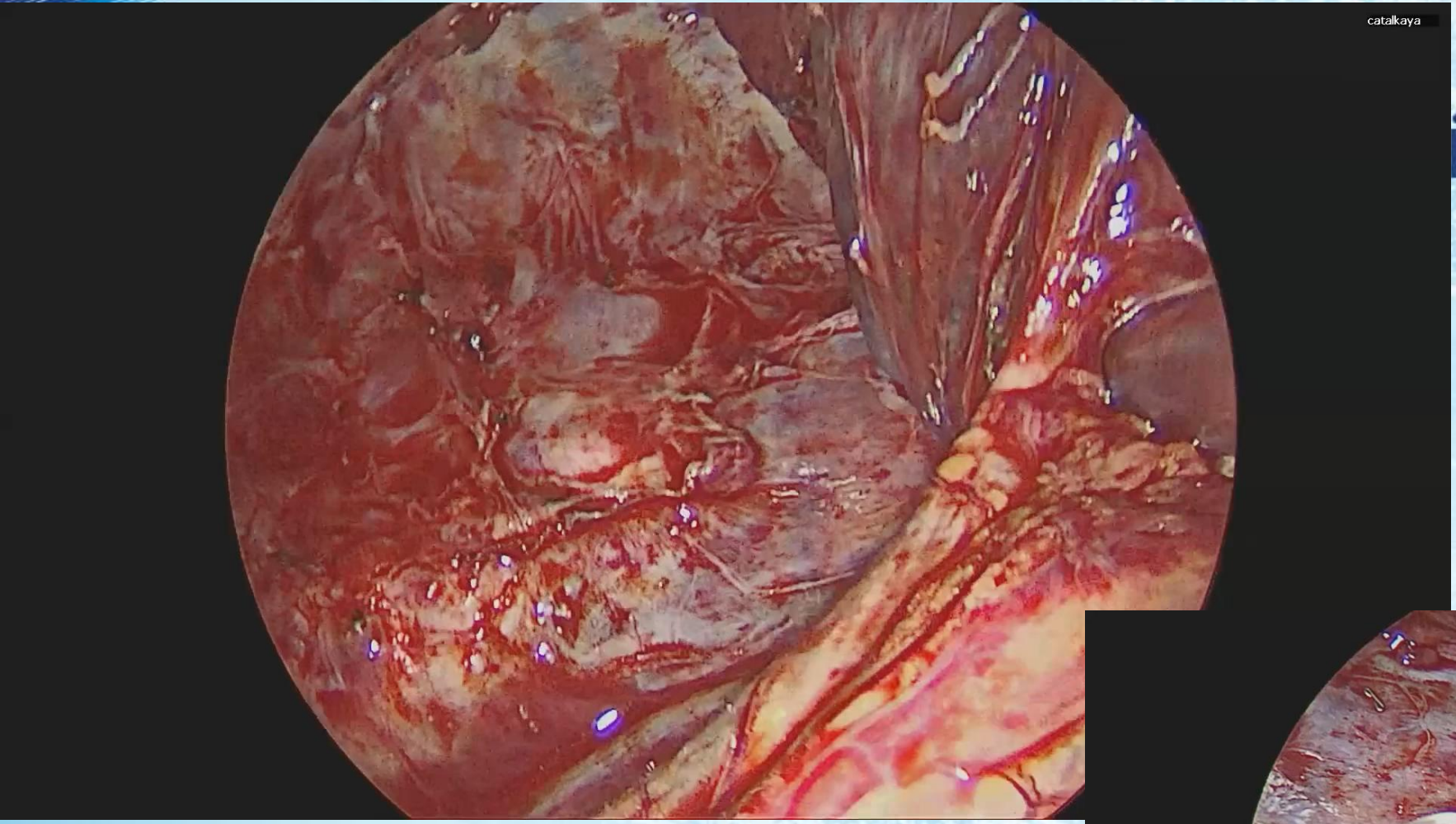




Pulmoner arter apikal trunk

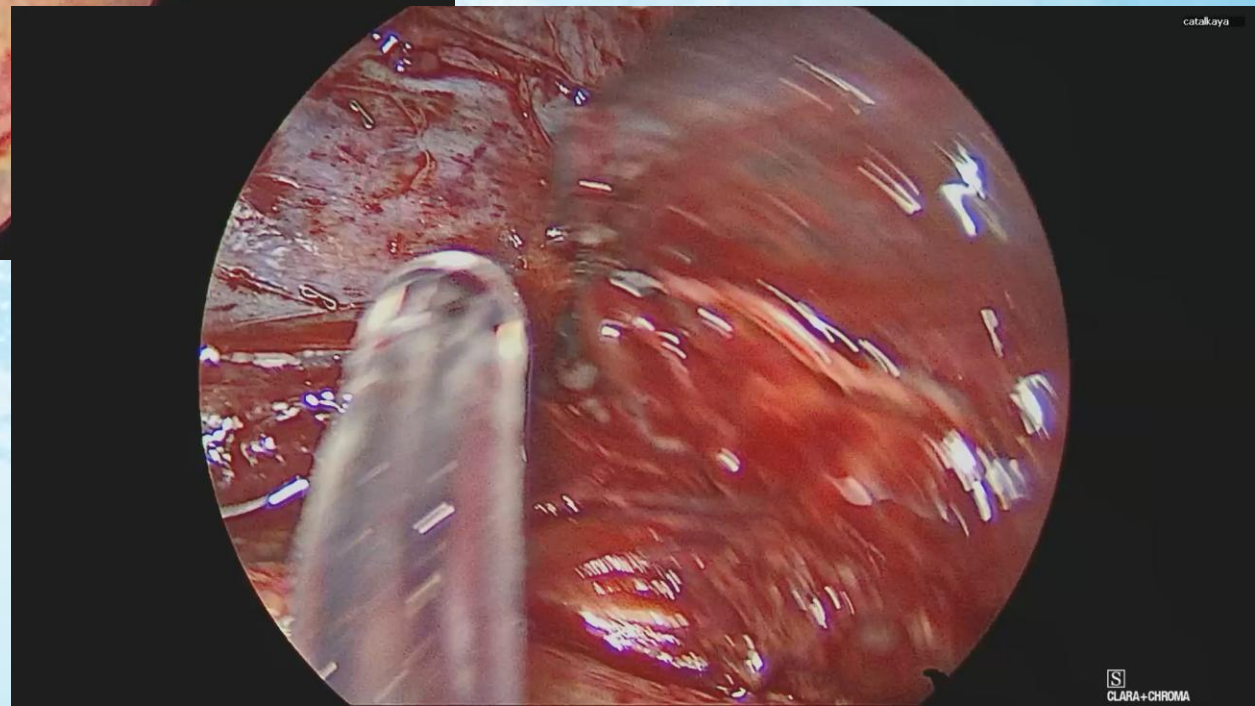
Üst lob bronş

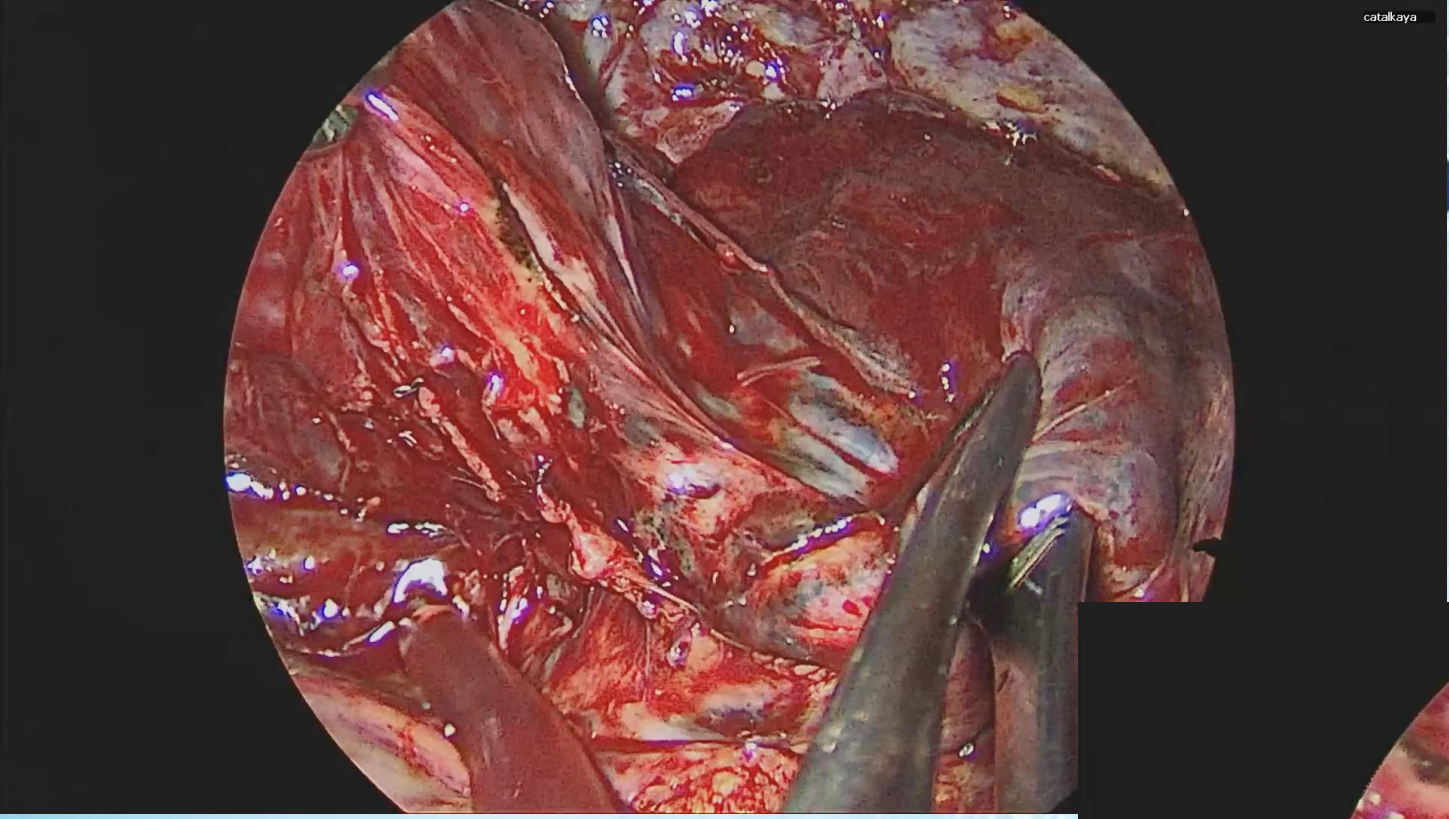




İnf. Ven

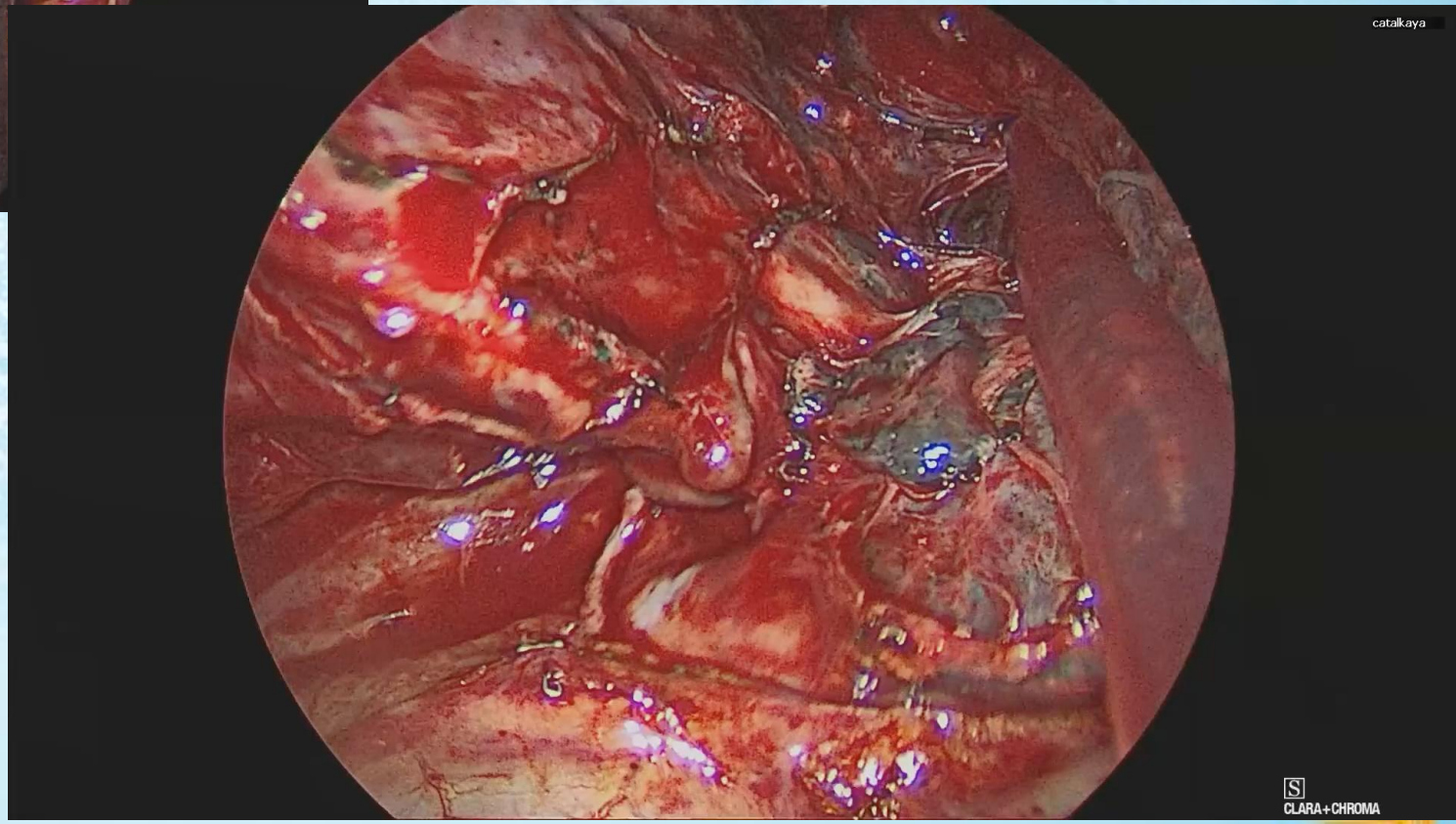
LAP

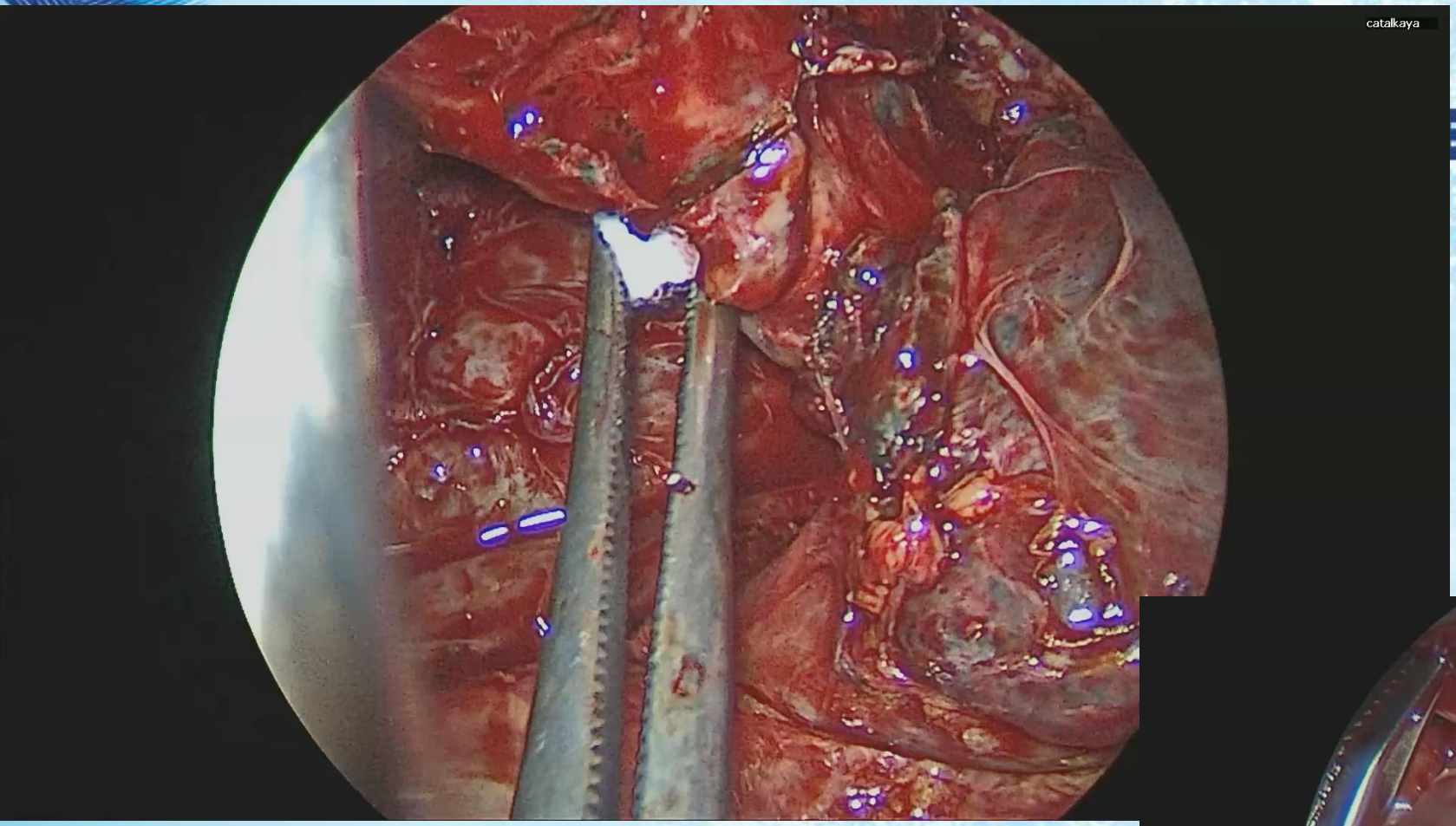


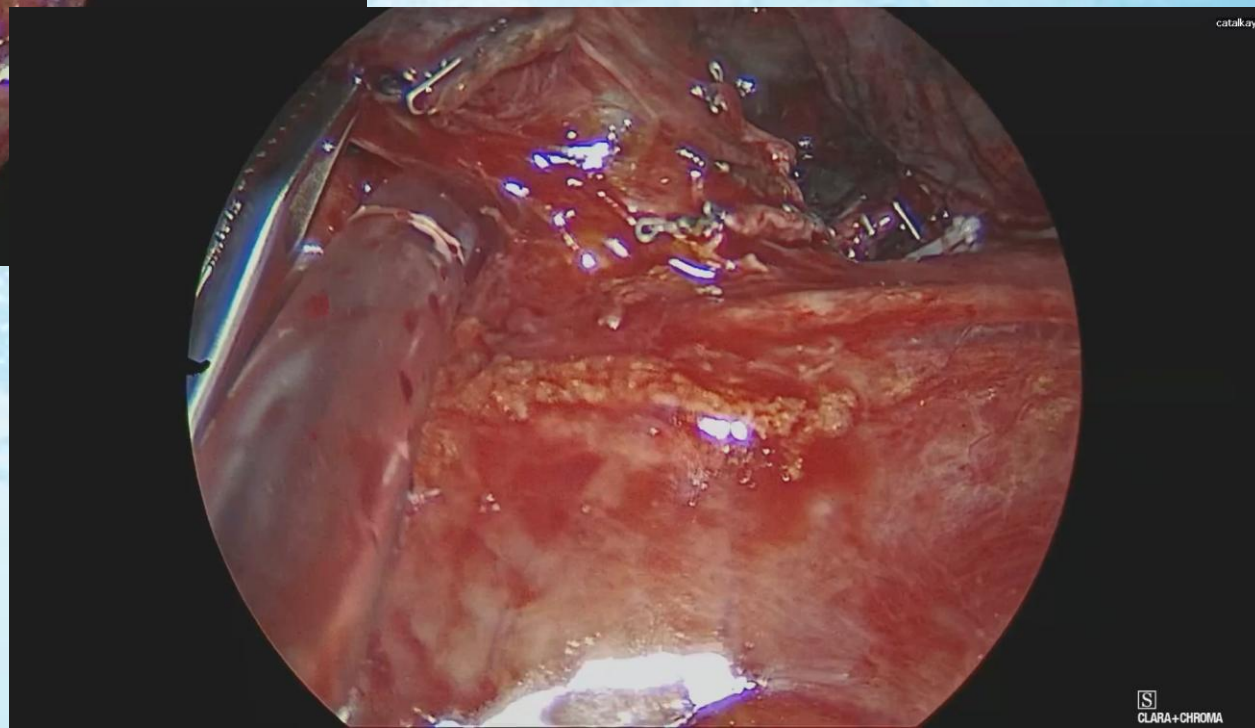


Majör Fissür

Common bazal arter

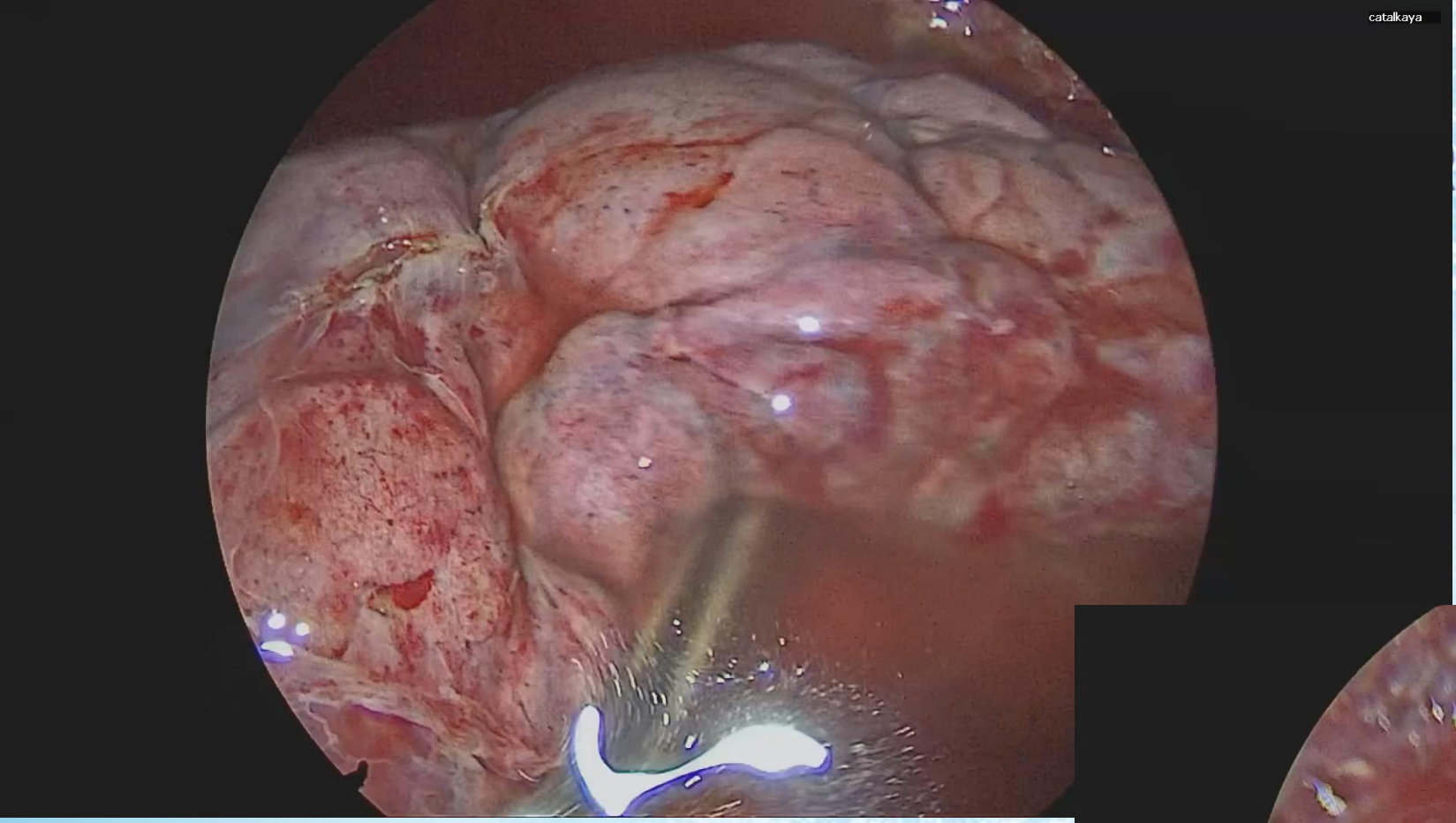


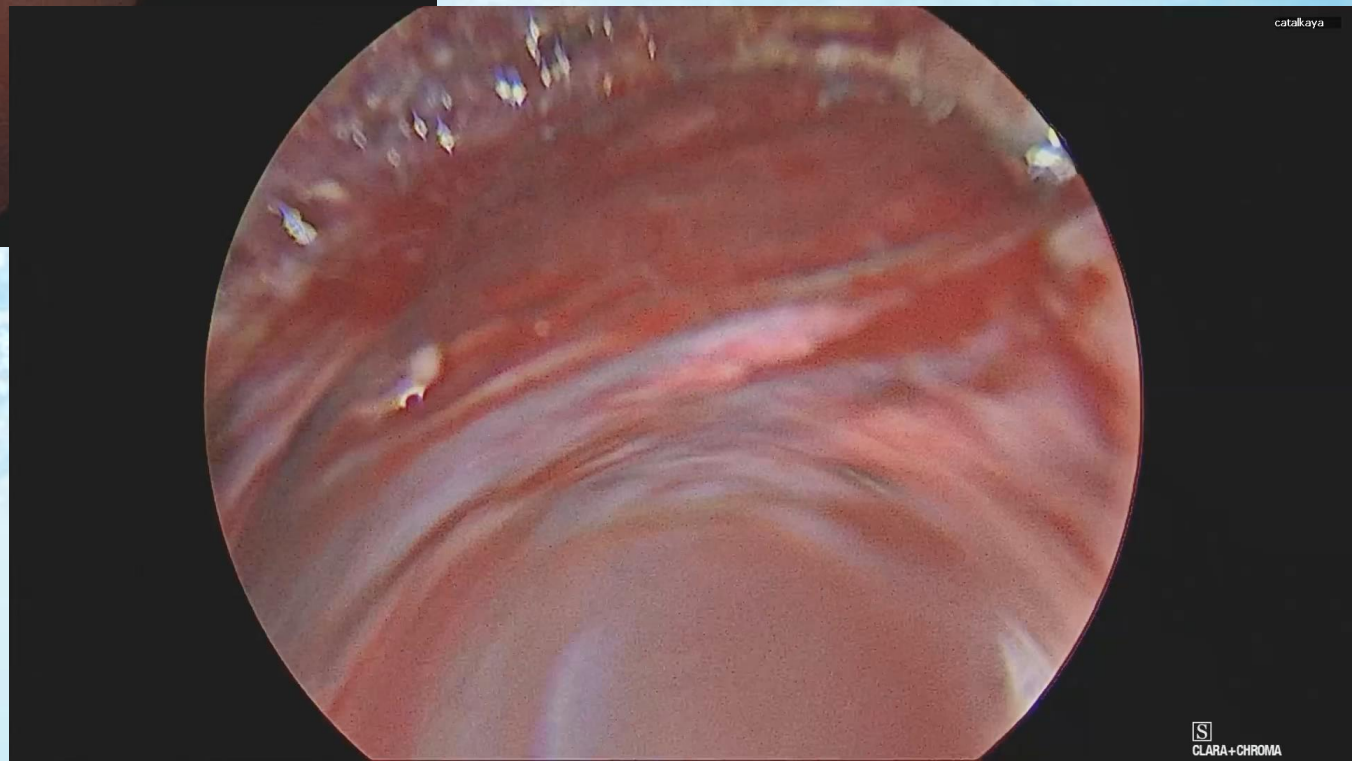




Alt lob bronş

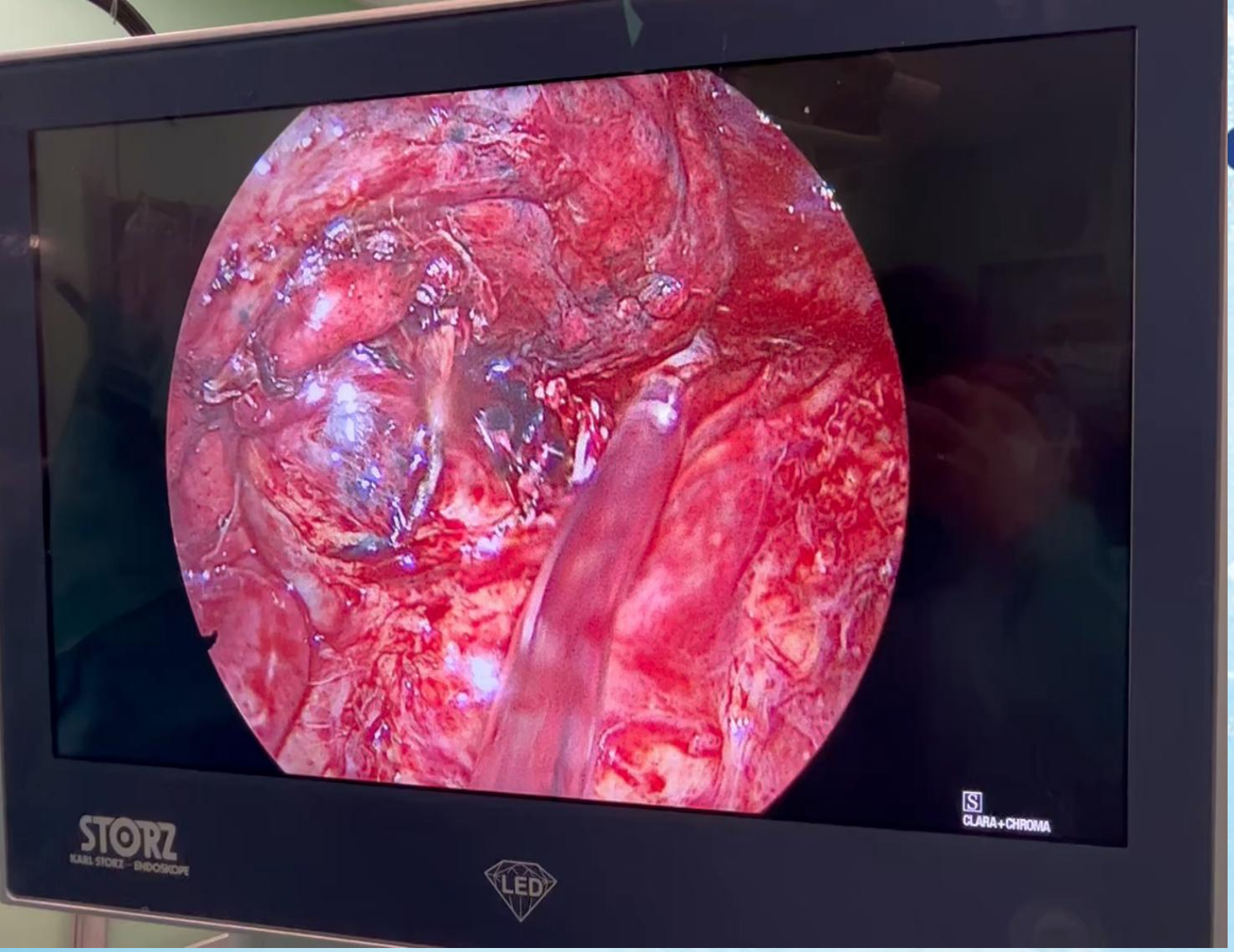
Orta lob- Phrenic Crush





Hava kaçağı kontrol

Doku yapıştırıcı



GRESİ

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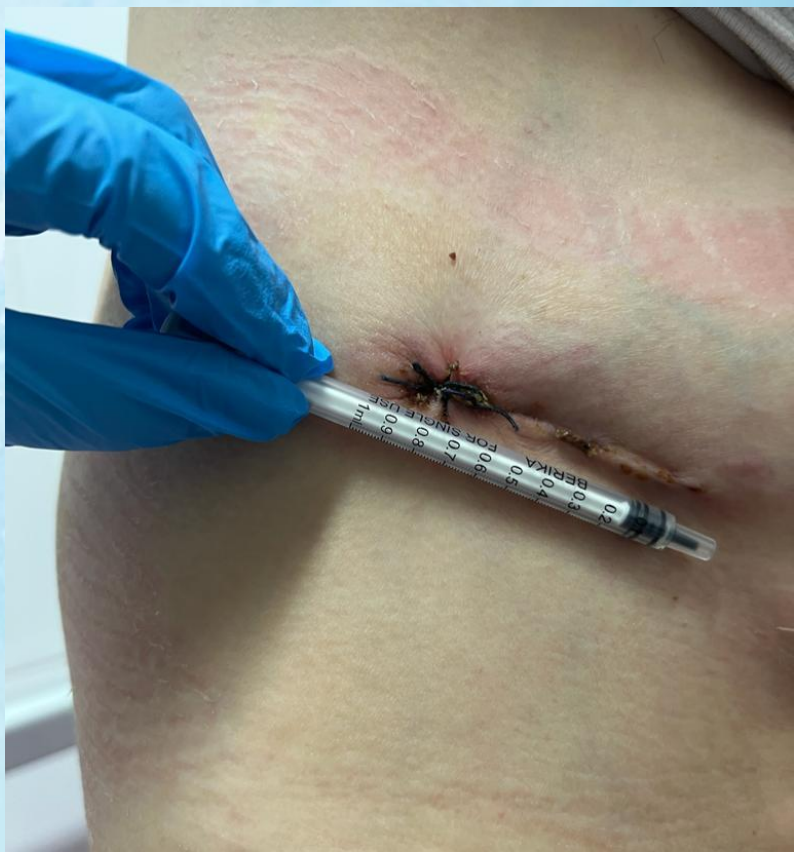
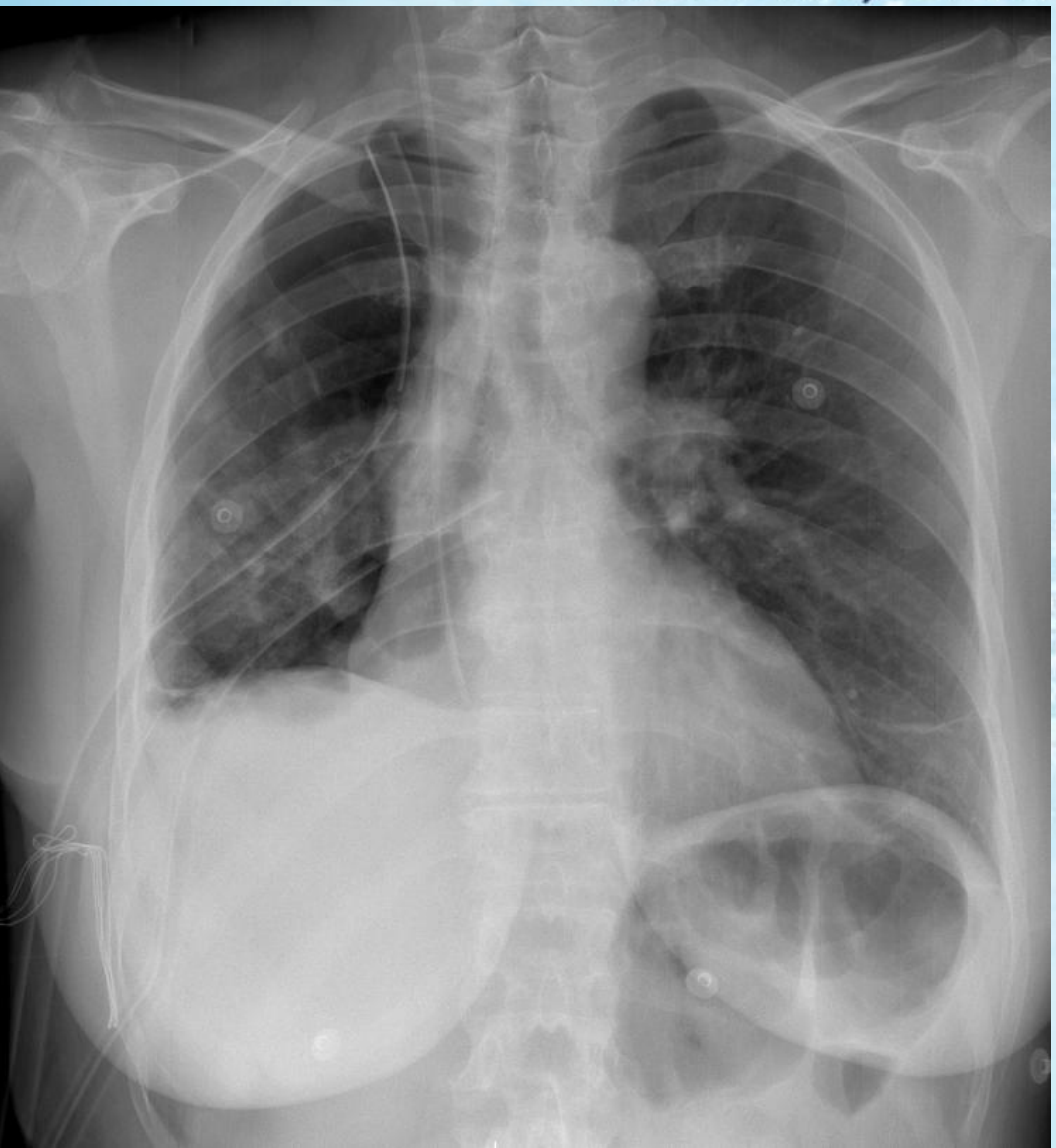


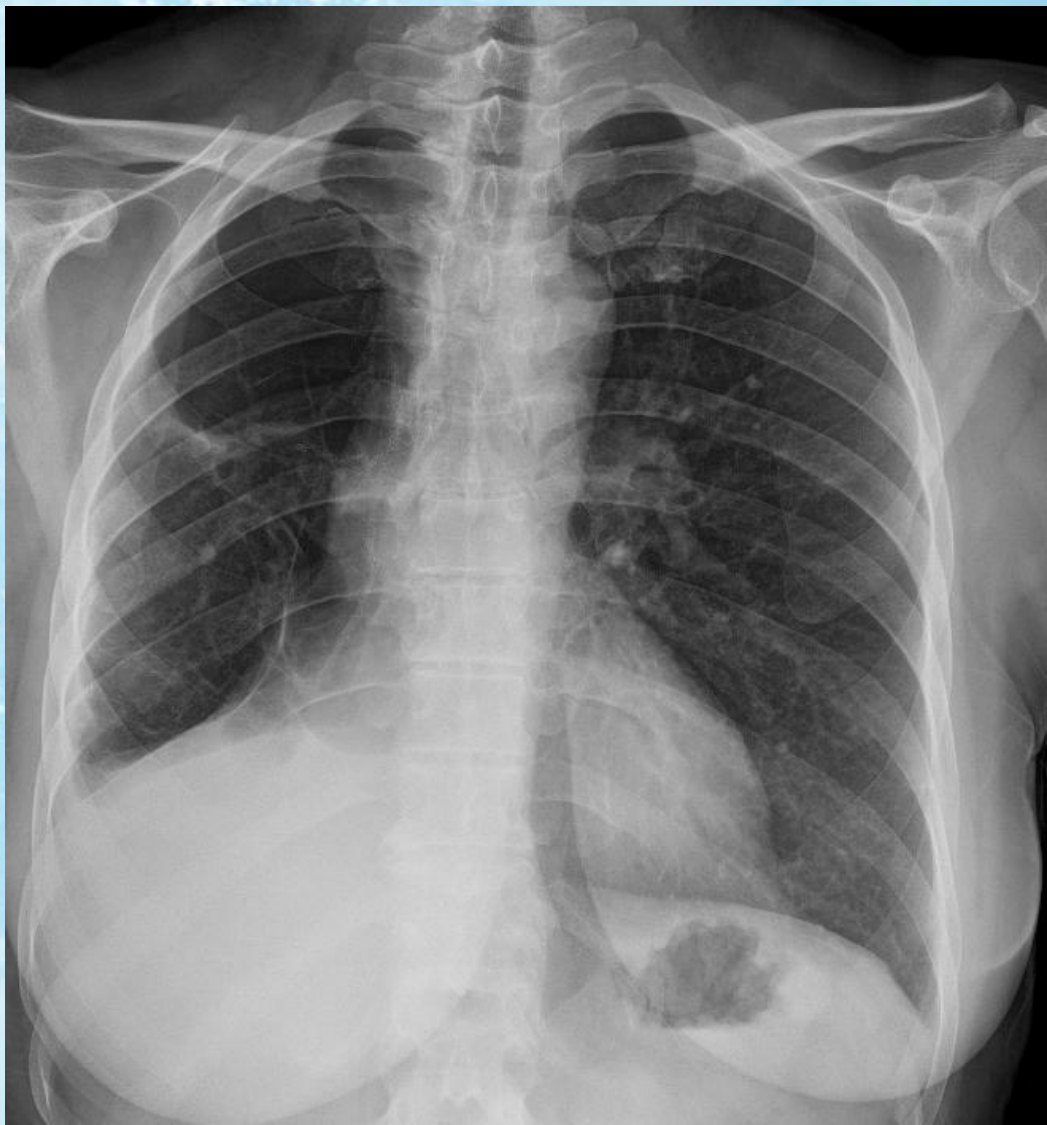
Orta lob

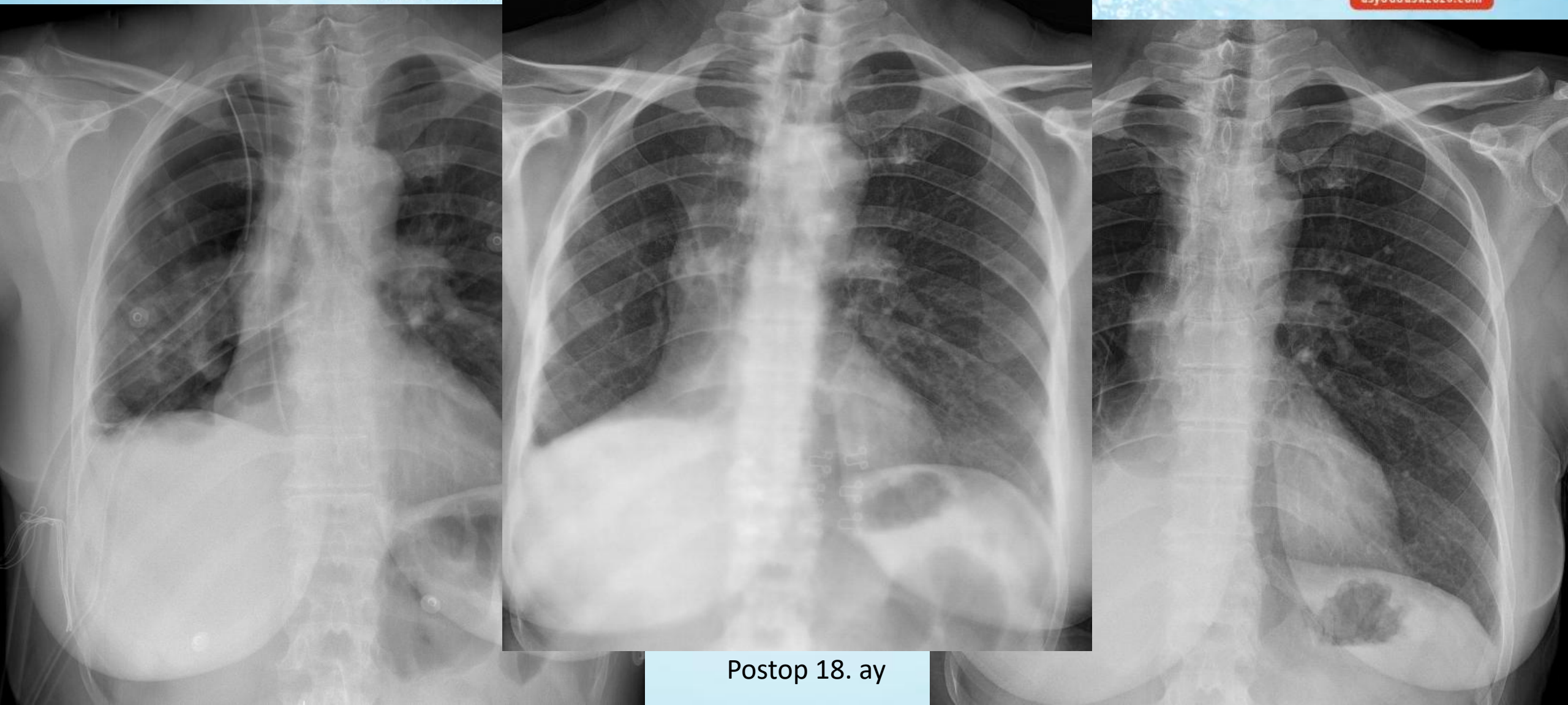
Uniportal VATS kesisi



Postop. 1. gün

Postop 1. ay





Postop 18. ay

Postoperatif Tedavi

- Aspirasyon amaçlı F. Bronkoskopi
- Solunum fizyoterapisi ve öksürme egzersizleri uygulandı
- Postop. 13. gün CTT sonlandırıldı ve 14. gün taburcu edildi.

Uluslararası Katılımlı

ASYOD AKCİĞER SAĞLIĞI KONGRESİ

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UASK 2025

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Turgut Özal Tıp Merkezi
Göğüs Cerrahisi ABD
Epikriz Formu

Adı Soyadı: EMİNE ÇATALKAYA
Cinsiyet: K Yaş: 48
Memleketi: MALATYA
Tlf: 05314842601
Şikayeti: Öksürük, balgam, kan tükürme
Hikayesi: 02/11/2022
BRONŞİEKTAZİ TANILI HASTA KONTROLE GELDİ.
HASTA BREQUAL KULLANIYOR
ÖKSÜRÜK BALGAMI YOK
NEFES DARLIĞINDA ARTIŞ YOK

Dosya no: 2350131
Yatış tarihi: 29.11.2022
Çıkış tarihi: 19.12.2022
Kan grubu:

Yeni Kayıt
Yazdır
Tarama

Sigara pak.yıl Ate oC Tansiyon / Nb /dak

Öz geçmişi:
Soy geçmişi:
FM:

FVC FEV1 FEV1/FVC

Radyoloji: Sağ akciğer alt lob da daha belirgin olmak üzere alt lob ve üst lob da hiler yerleşimli yaygın kistik bronşektazik görünümler izlenmektedir. Sağ akciğerde volüm kaybı izlenmekte olup sağ akciğerde total sol akciğerde ise alt lob posterior kesimlerde havalanma farklılığı bağlı mozaik atenüasyon alanları izlenmektedir.

Patoloji/Lab: 1) Sağ akciğer, üst lob lobektomi: Kistik dilate bronş ve bronşioller, intraalveolar taze kanama alanları, amfizematöz değişiklikler, kronik inflamasyon (Bronşiektazi ile uyumlu bulgular)
- Peribronşial alanda reaktif-antrakotik özellikte 1 adet lenf nodu
2) Sağ akciğer alt lob; lobektomi: Kistik dilate bronş ve bronşioller, kronik inflamasyon, amfizematöz değişiklikler, intraalveolar taze kanama (Bronşiektazi ile uyumlu bulgular)
- Peribronşial alanda reaktif, antrakotik özellikte 1 adet lenf nodu

Tanı: BRONŞEKTAZİ
Op.Tarihi: 01.12.2022
Operasyon: SAĞ UNİPORTAL VATS + ALT VE ÜST LOBEKTOMİ + MLND
Progres: 29/11/2022 TARİHİNDE BAŞVURAN HASTA BRONŞEKTAZİ TANISIYLA CERRAHİ PLANLANMAK ÜZERE KLİNİĞİMİZE YATIRILMIŞTIR. HASTANIN PREOP LABORATUVAR VE RADYOLOJİK TETKİKLERİ ÇALIŞILDI. İLGİLİ KONSÜLTASYONLARI İSTENDİ. HASTAYA 30/11/2022 TARİHİNDE PREOP HAZIRLIK AMAÇLI BRONKOSKOPİ YAPILDI. BURUN VE AĞIZ XLOKAİN İLE LOKAL ANESTEZİ UYGULANDIKTAN SONRA FOB İLE VOKAL KORTLARDAN TRAKEYA GİRİLDİ. TÜM BRONŞİYAL SİSTEM GÖZLENDİ VE EBL SAPTANMADI. MEVCUT SEKRESYONLAR YIKANIP ASPİRE EDİLDİ. İŞLEME SON VERİLDİ. İŞLEM SONRASI AĞRI KONTROLÜ SAĞLANDI. OKSİJEN DESTEĞİ VERİLDİ. HASTAYA 01/12/2022 TARİHİNDE SAĞ UNİPORTAL VATS + ALT VE ÜST LOBEKTOMİ + MLND AMELİYATI YAPILDI. POSTOP YAKIN TAKİBE ALINAN HASTANIN AĞRI KONTROLU SAĞLANIP HASTANIN MEDİKAL TEDAVİSİ DÜZENLENDİ. HASTAYA ÖKSÜRME EGZERSİZLERİ VE SOLUNUM FİZYOTERAPİSİ YAPTIRILDI. GÜNLÜK PA NSUMANLARI YAPILDI. KONTROL GRAFİLERİNDE AKCİĞERİ EKSPANSE OLAN, DRENAJ VE HAVA KAÇAĞI OLMAYAN HASTANIN TÜP TORAKOSTOMİSİ 16/12/2022 TARİHİNDE SONLANDIRILDI. KONTROL AKCİĞER GRAFİSİNDE AKCİĞERİ EKSPANSE OLAN VE GENEL DURUMU İYİ OLAN HASTA

Öneriler:

Adli:

Ameliyat: GAA SUPİN POZİSYONDA ÇİFT LÜMENLİ ETT İLE ENTÜBE EDİLEN HASTA SOL LATERAL DEKÜBİT POZİSYONA GETİRİLDİ. UYGUN SAHA TEMİZLİĞİ YAPILDIKTAN SONRA SAĞ 5. İKA ANTERİOR AKSİLLER HATTAN YAKLAŞIK 3 CM LİK AKSES KESİ YAPILDI. ENDOKAMERA İLE TORAKSA GİRİLDİ. EKSPLORASYONDA AKCİĞER YAPIŞIK İZLENDİ. YAPIŞIKLIKLAR KÜNT VE KESKİN DİSEKSİYONLA VE LİGASURE YARDIMIYLA DÜŞÜRÜLDÜ. ÜST VE ALT LOB BRONŞEKTATİK VE ATROFİK İZLENDİ. FİSSÜRLER YAPIŞIK İZLENDİ. MİNÖR FİSSÜR DİSEKE EDİLEREK POSTERİOR ASSENDAN ARTER GÖRÜLDÜ VE DÖNÜLDÜ. 1 ADET 45 MM VASKÜLER STAPLER KULLANILARAK POSTERİOR ASSENDAN ARTER KAPATILIP KESİLDİ. ÜST LOB APİKAL VE ANTERİOR ARTER TEK TRUNK HALİNDE DÖNÜLEREK 1 ADET 45 MM VASKÜLER STAPLER KULLANILARAK KAPATILIP KESİLDİ. ATİPİK VE HİPERTROFİK İZLENEN BRONŞİAL ARTER PROKSİMALİNE 2 ADET HEMOLOG KLİPS KOYULARAK DİSTALİNDEN LİGASURE YARDIMIYLA MÜHÜRLENİP KESİLDİ. ÜST LOB VENİ GÖRÜLEREK DÖNÜLDÜ VE 1 ADET 45 MM VASKÜLER STAPLER KULLANILARAK KAPATILIP KESİLDİ. POSTERİOR FİSSÜR 2 ADET 60 MM

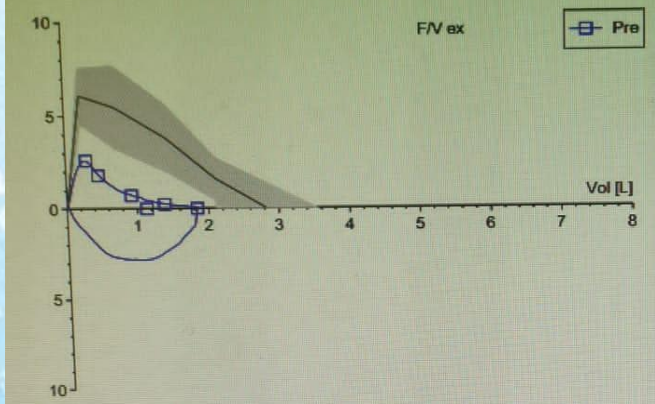
Patoloji

Postop. 10 ay SFT

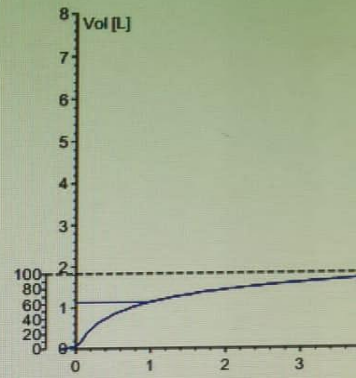
Last Name: CATALKAYA
First Name: EMINE
Date of Birth: 01/01/1975
Gender: female

Identification: 547543064
Age: 48 Years
Height: 157 cm
Weight: 63.0 kg
BMI: 26

Spirometry Flow-Volume



Best Trial



All Trials

	Pred	Best	%(B/P)	1	Z-Score
FVC	2.82	1.84	65	1.84	
FEV1	2.40	1.13	47	1.13	
FEV 1 % FVC	79.98	61.30	77	61.30	
MMEF	3.25	0.57	18	0.57	
MEF75	5.46	1.81	33	1.81	
MEF50	3.81	0.71	19	0.71	
MEF25	1.56	0.23	15	0.23	
PEF	6.09	2.62	43	2.62	
FEV3		1.59		1.59	
Level date		31.10.23			
Level time		10:10			

Cooperation: good ( ) moderate ( ) bad ( )

Eve Götürülecek Mesajlar- 1

Bronşektazi Bataklığı

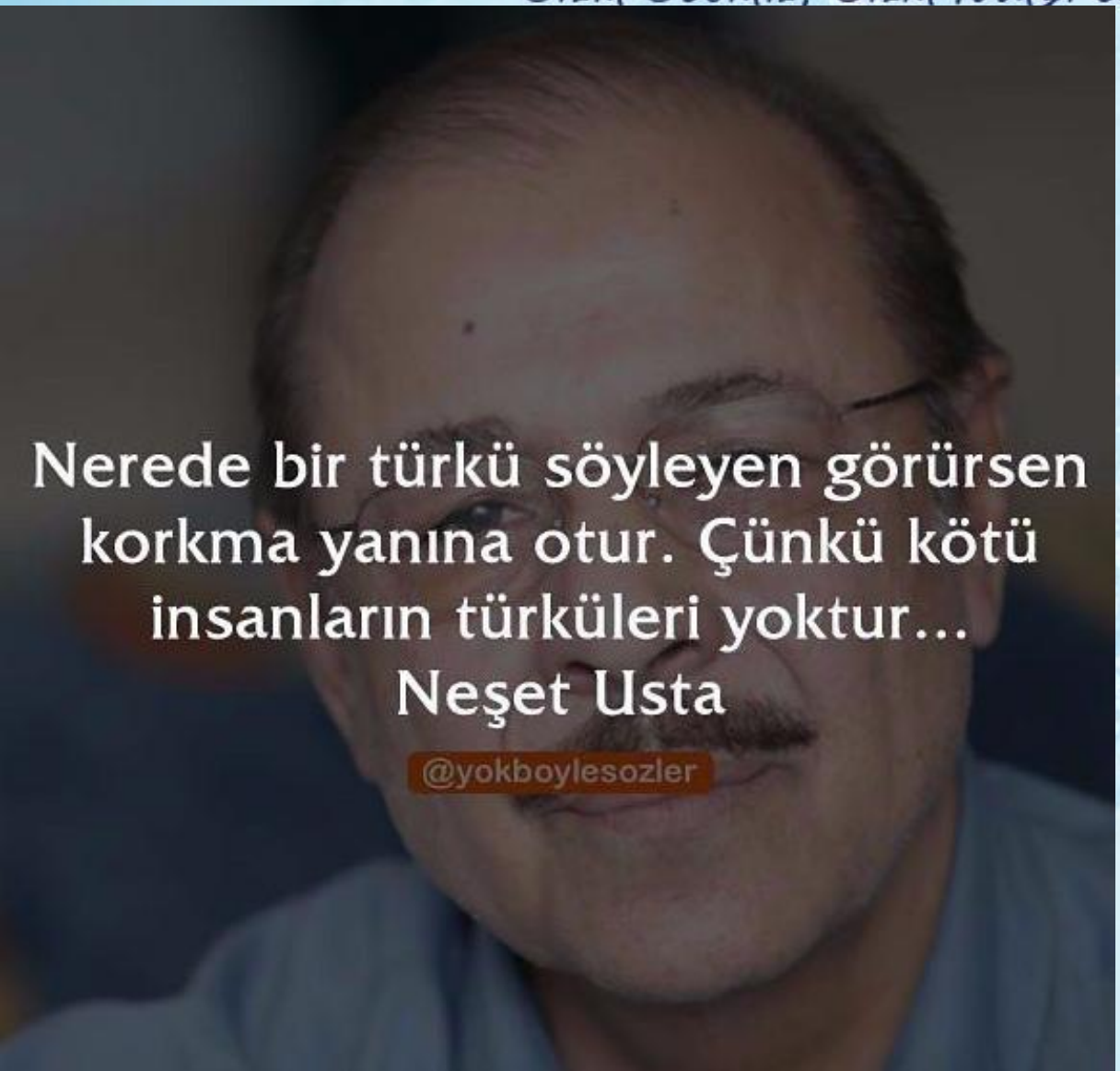
- *Bronşektazili akciğer parankimi bir bataklığa benzetilebilir.*
- *Bu patolojik alanın (bataklığın) medikal tedavilerle kurutulması ve hastalığın ortadan kaldırılması mümkün olmamaktadır.*
- *Dolayısıyla eşlik eden hastalıklar ve semptomlar düzelmemekte ve devam etmektedir.*
- *Seçilmiş olgularda küratif tedavi şekli bu patolojinin ortadan kaldırılması olmalıdır. Bu da bugün için anatomik cerrahi rezeksiyon ile mümkündür.*

Eve Götürülecek Mesajlar- 1

Bronşektazi Bataklığı

Bronşektazideki cerrahi tedavinin amacı;

- *Fonksiyonunu yitirmiş, destrükte bronşlardan oluşan akciğer dokusunun uzaklaştırılmasını sağlamaktır.*
- ***Maksimum hasarlı dokuyu çıkarırken minumum sağlam dokuyu zarar vermek olmalıdır !!!!***



SABRINIZ İÇİN

TEŞEKKÜRLER