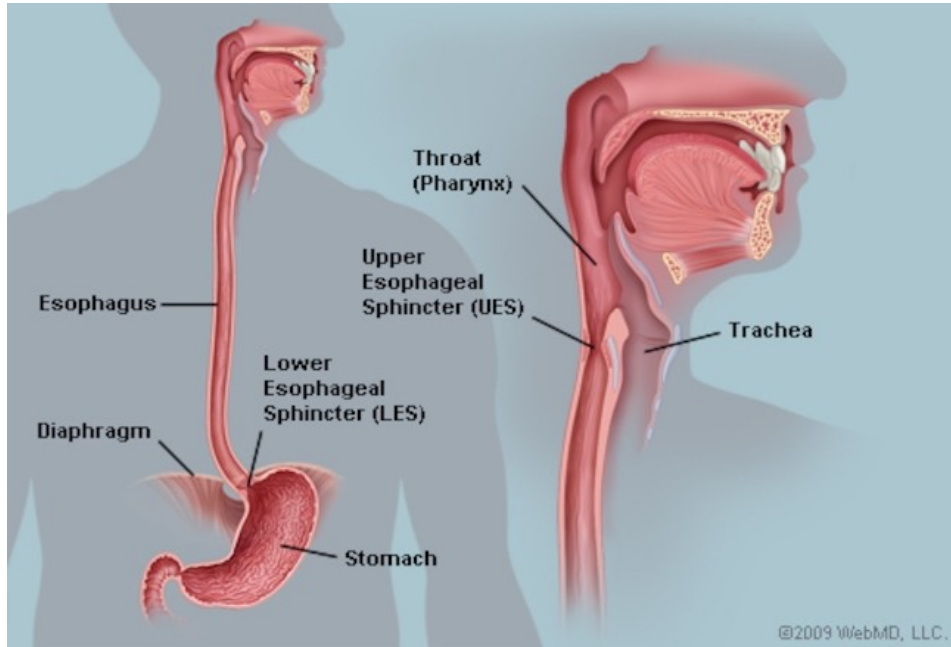
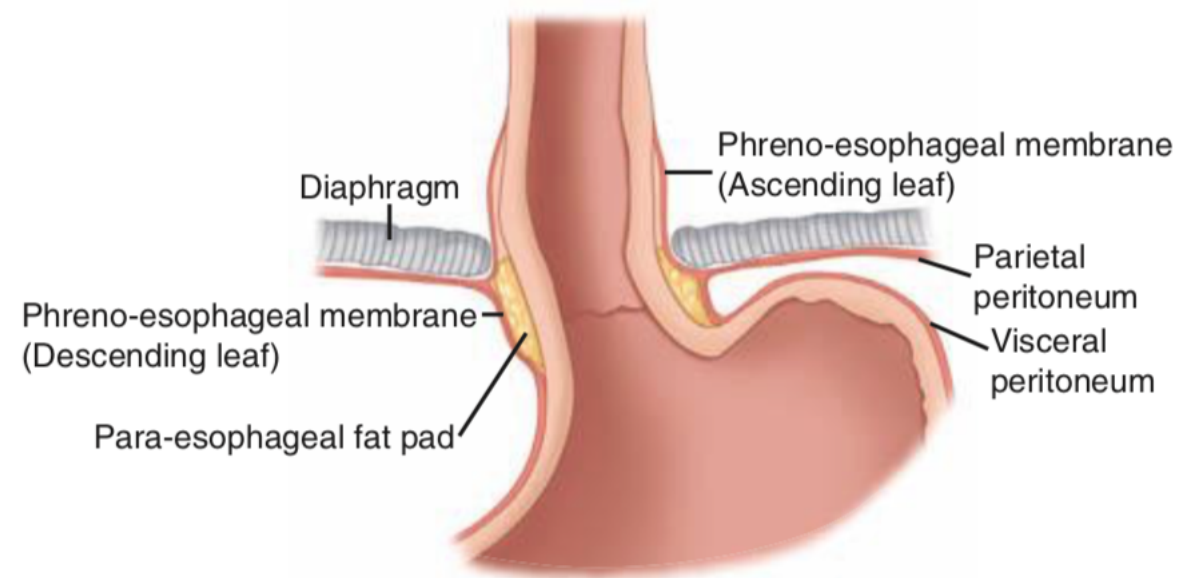
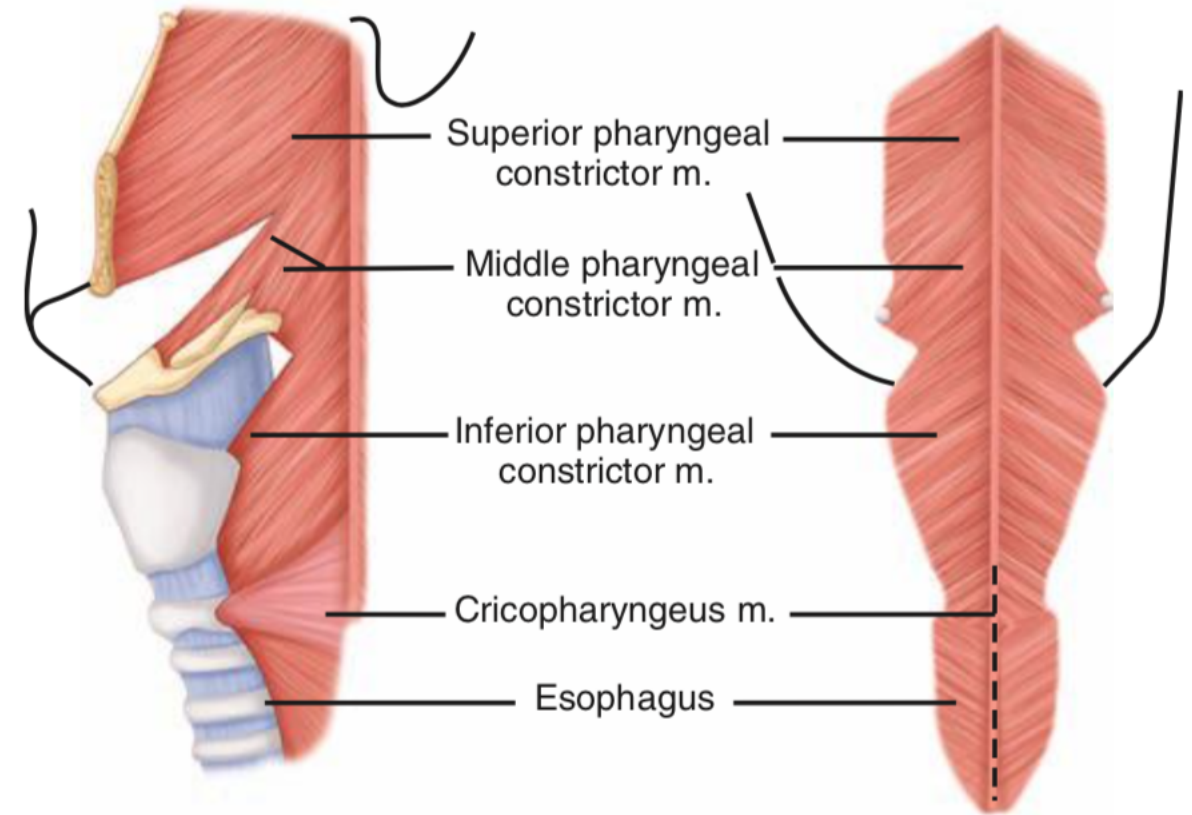
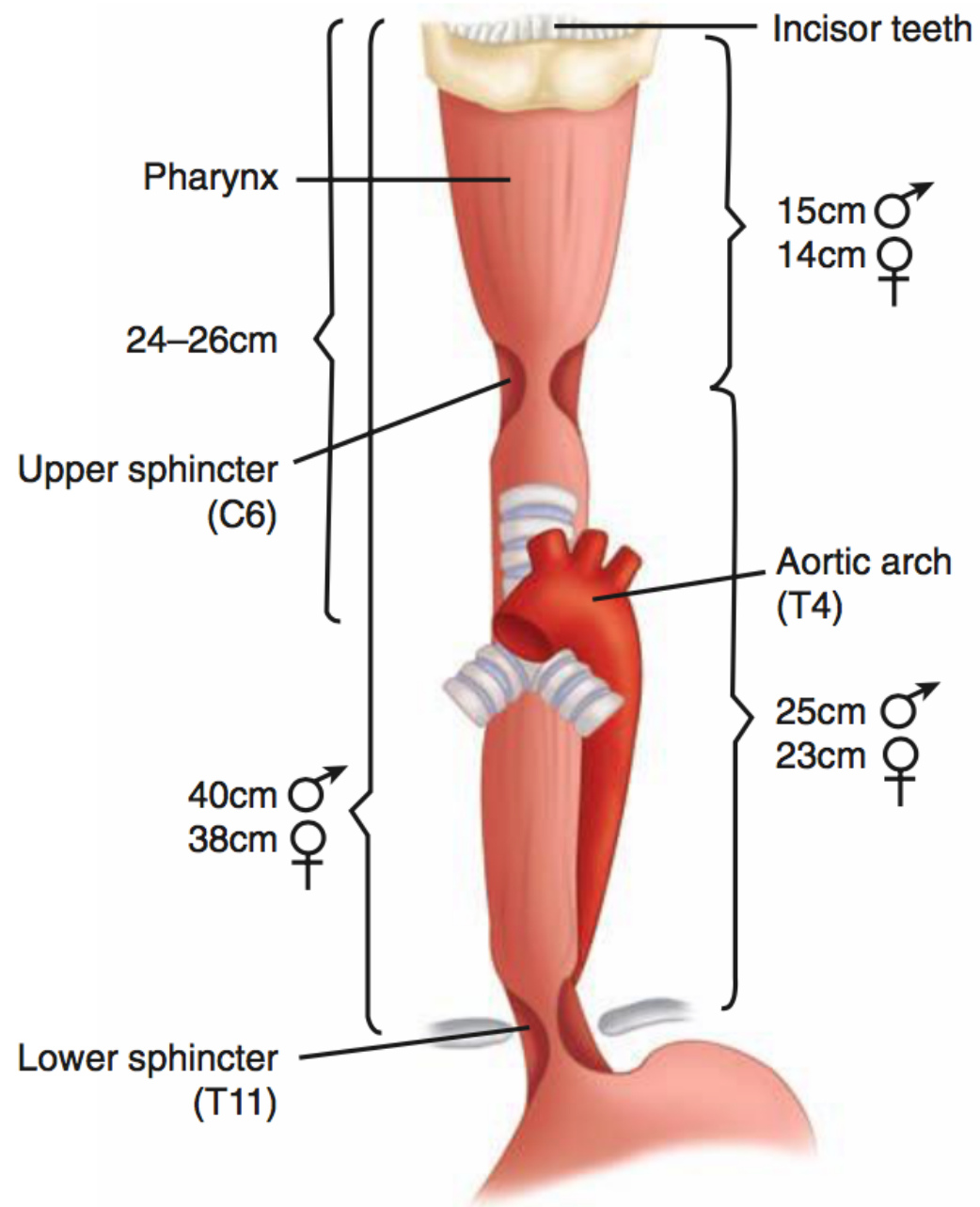


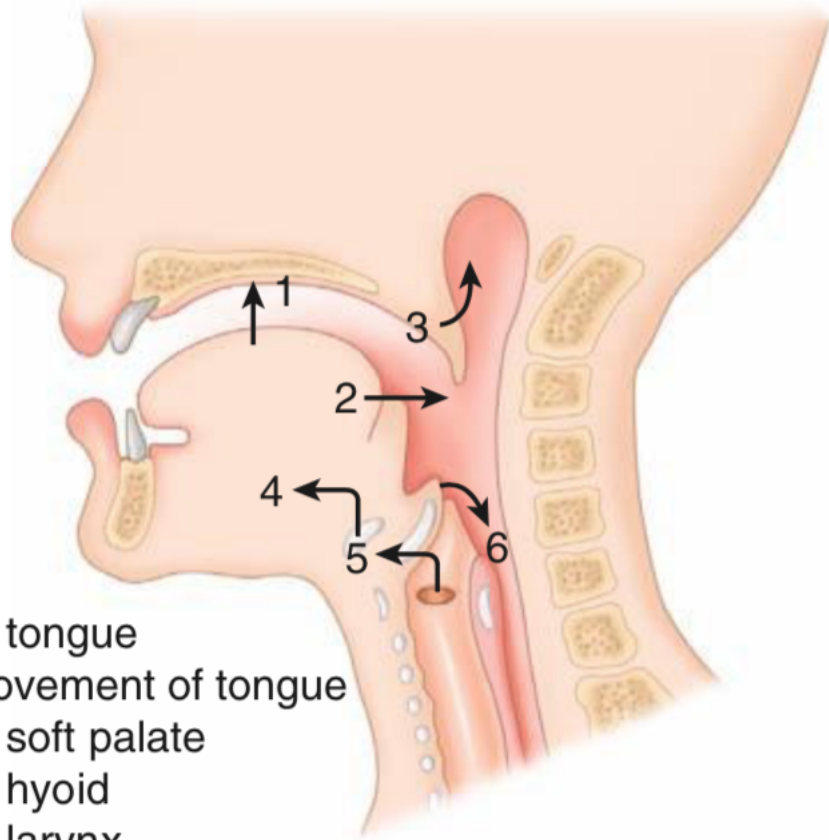
Özofagus Hastalıkları Cerrahisi

Ali GÜNER
KTÜ Tıp Fakültesi, Farabi Hastanesi
Genel Cerrahi ABD



- Yutma fizyolojisi
- Özofagus fonksiyonlarını değerlendirme
- **GERH**
- Hiatal herni
- Schatzcki
- Mallory-Weiss sendromu
- Özofageal perforasyon
- Kostik yaralanma
- Divertikül
- **Motilite hastalıkları**
- Benign tümörleri
- **Malign tümörleri**

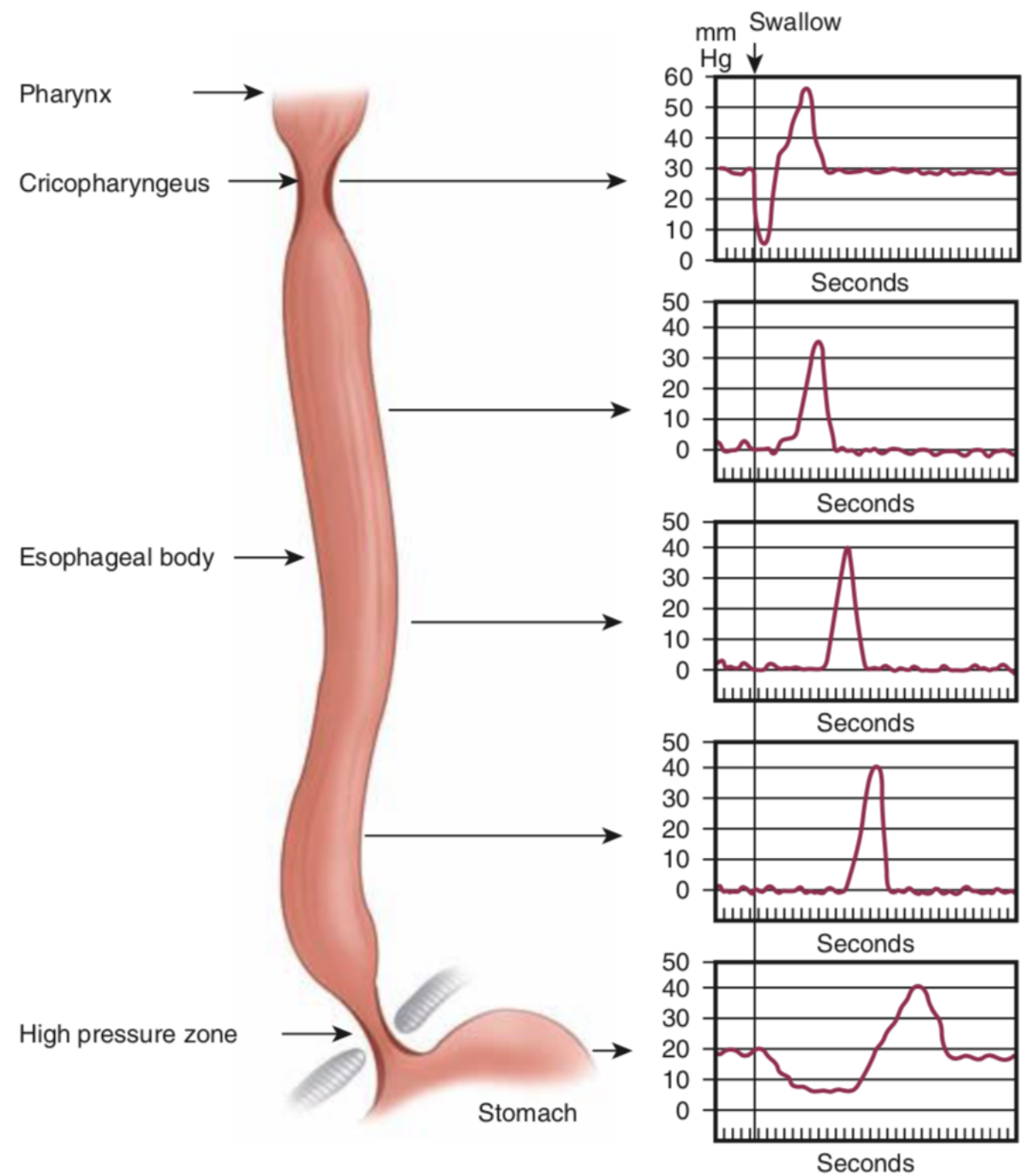
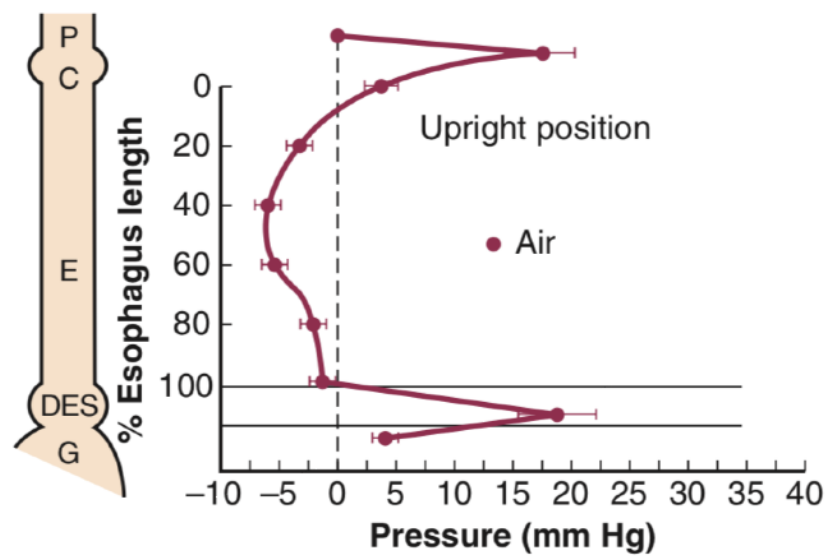




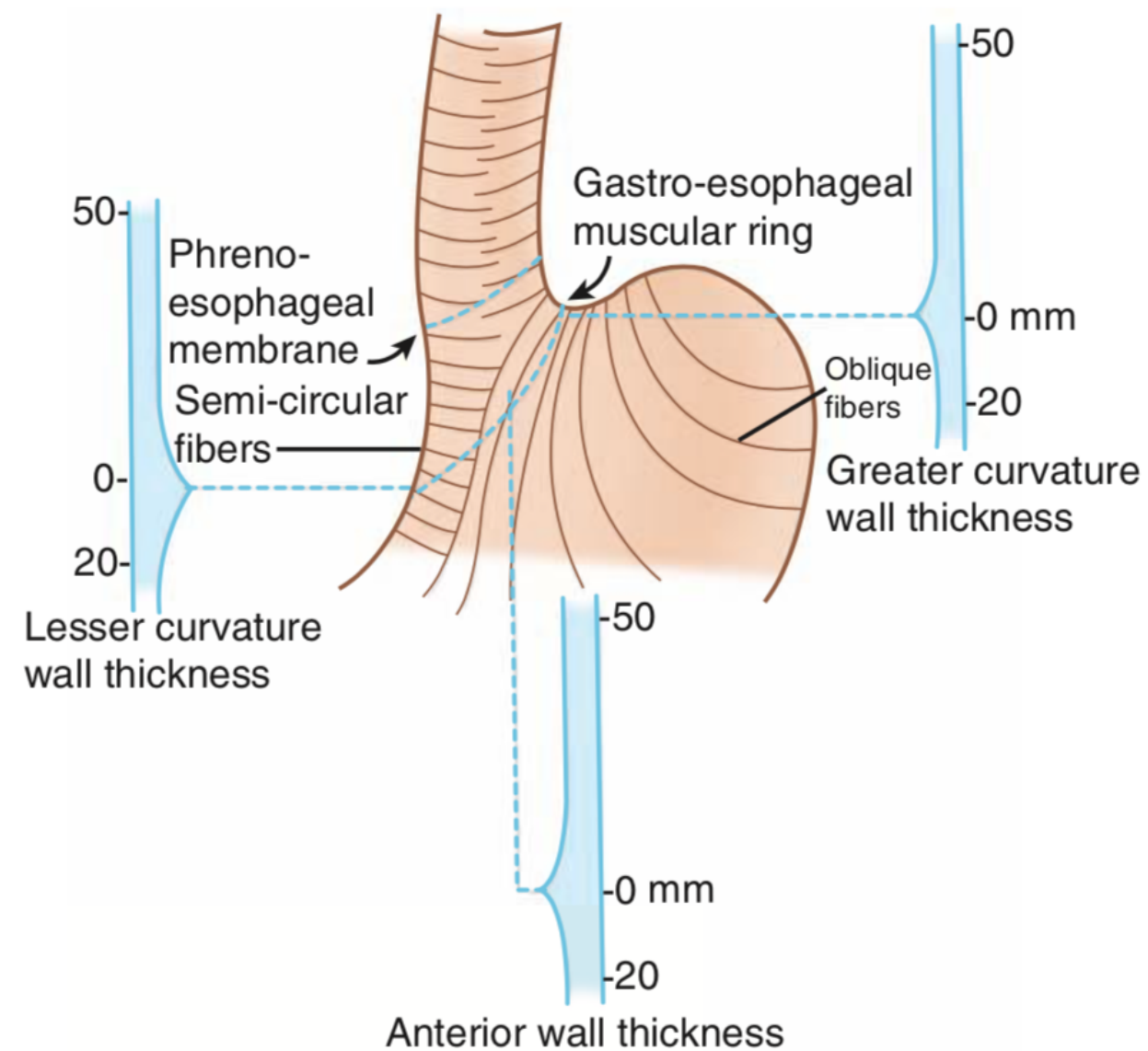
1. Elevation of tongue
2. Posterior movement of tongue
3. Elevation of soft palate
4. Elevation of hyoid
5. Elevation of larynx
6. Tilting of epiglottis



1.5 saniye



cranial nerves V, VII, X, XI, and XII
motor neurons of C1 to C3

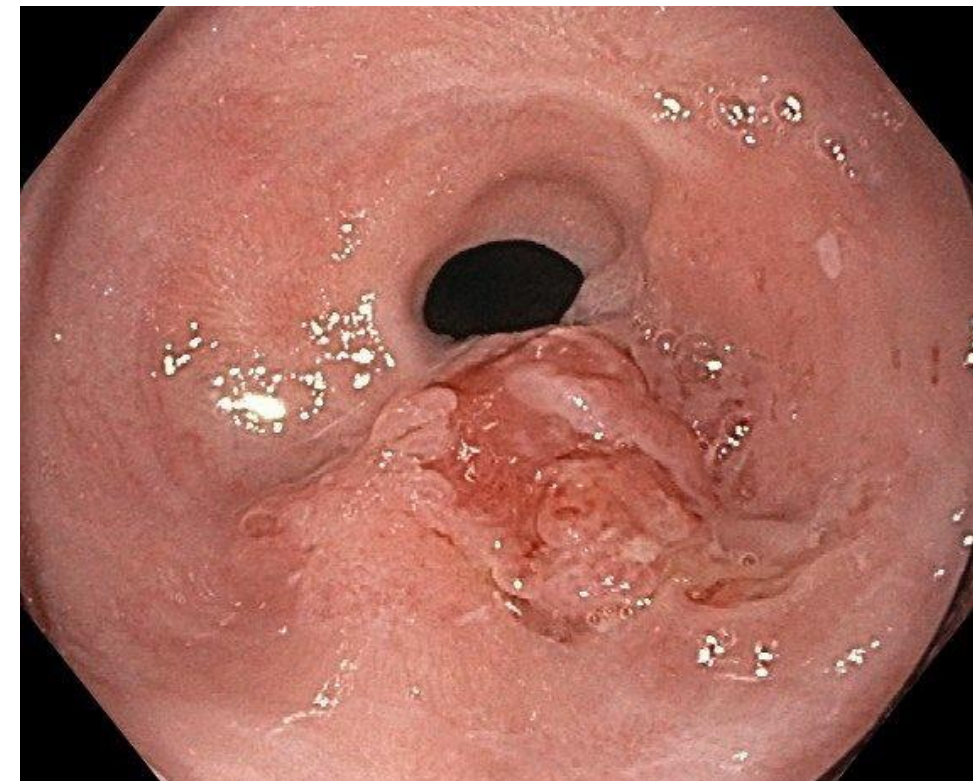
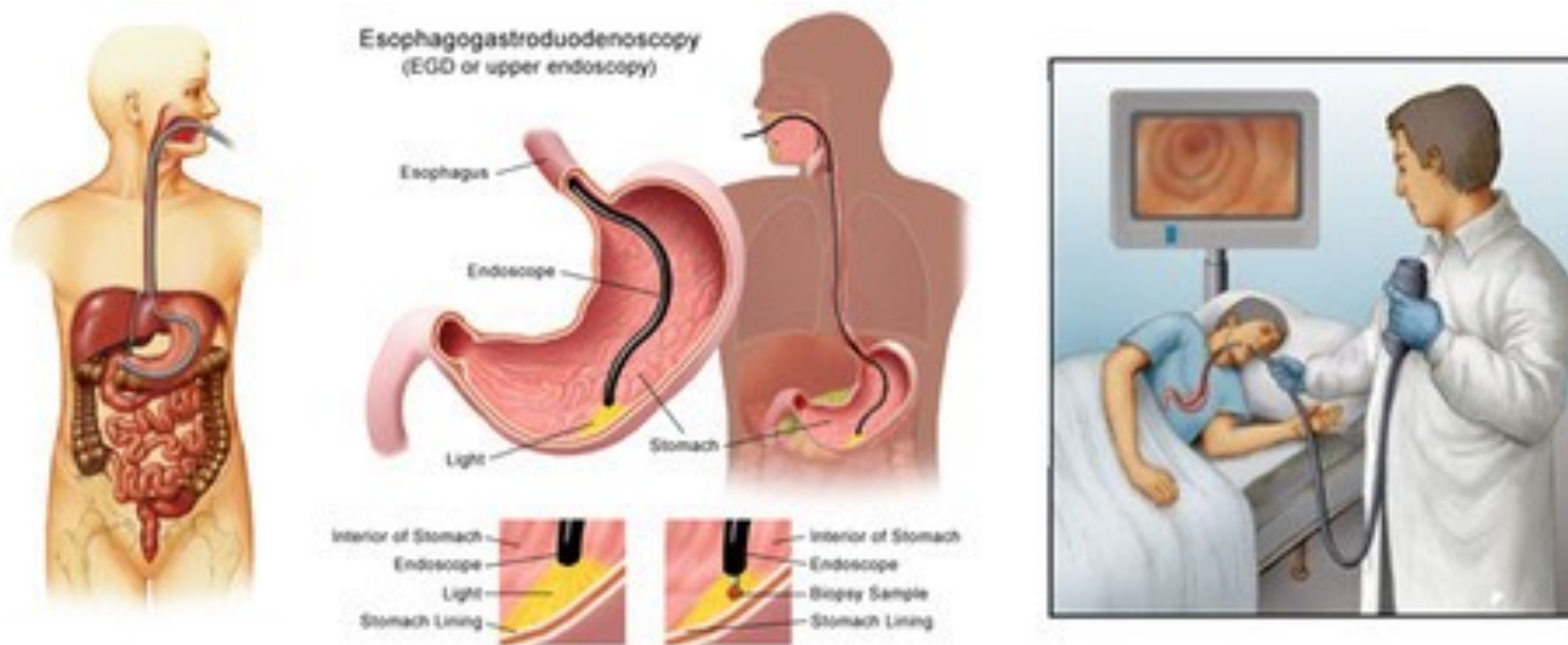


a mechanically effective LES
 efficient esophageal clearance
 an adequately functioning gastric reservoir
 (antireflux mechanism)

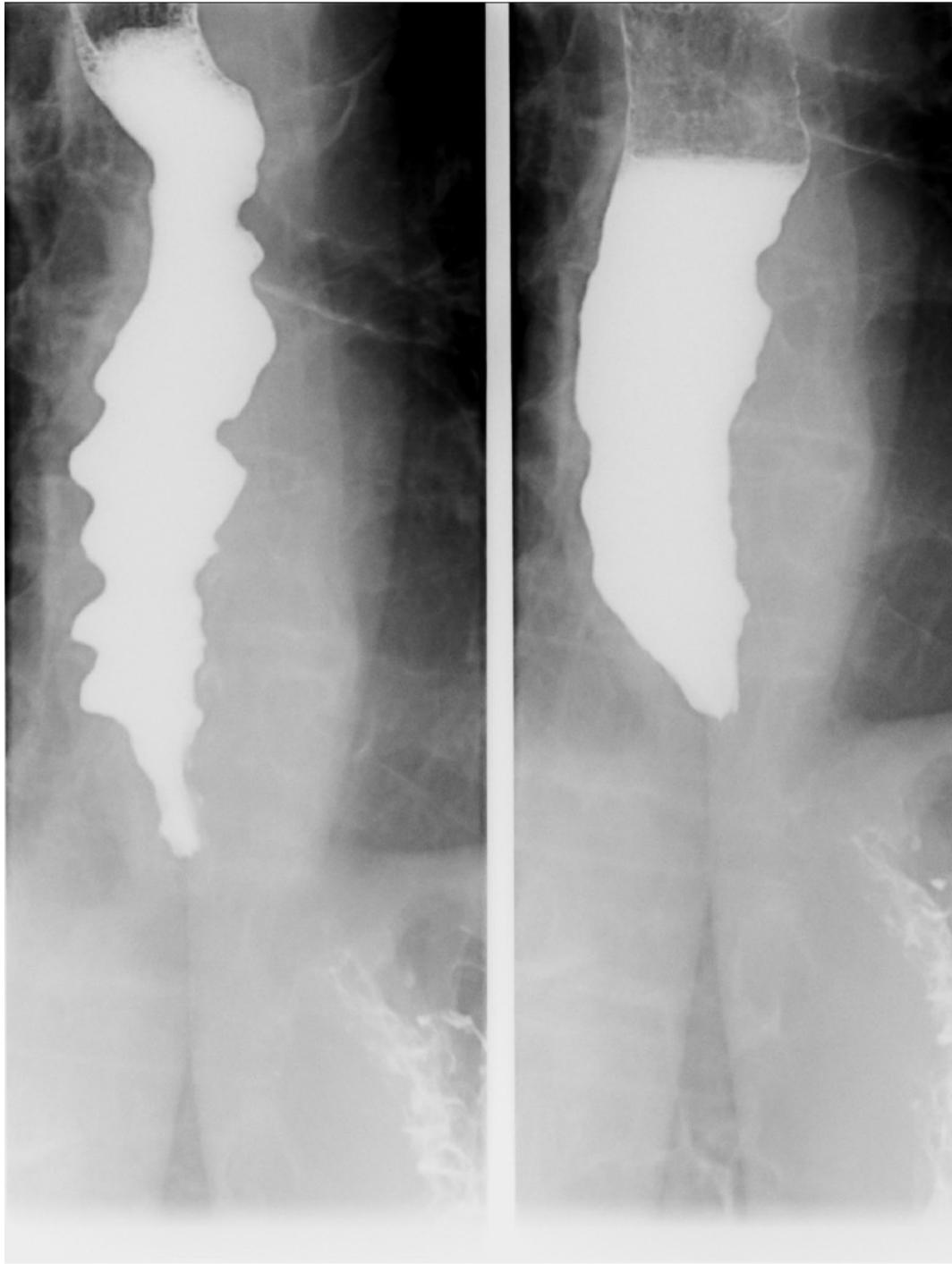
Özofagus fonksiyonlarını değerlendirme:

- Yapısal bozukluklar için
 - Endoskopi
 - Radyografik inceleme
- Fonksiyonel bozukluklar için
 - Manometri
 - Özofageal impedance
 - Transit sintigrafi
 - Video-Cine radiografi
- Artmış mide sıvısı maruziyeti
 - 24h Ph Metre
 - Radyografik GERH saptanması
- Duodenogastrik fonksiyon
 - 24h Gastrik pH metre
 - Mide boşalma sintigrafisi

Endoskopi



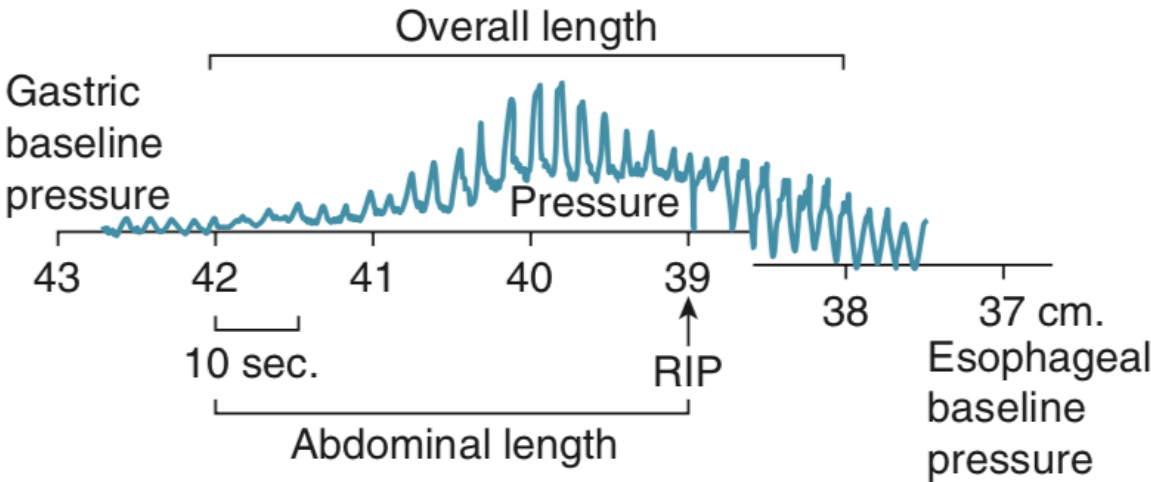
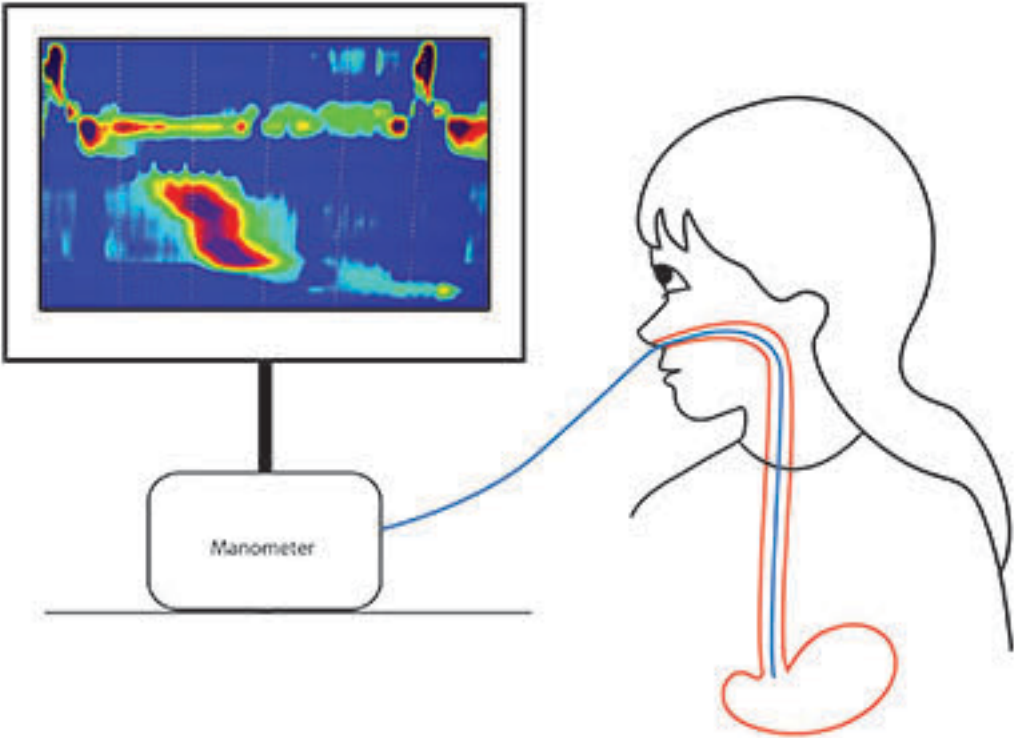
Radyografik değerlendirme



Manometre



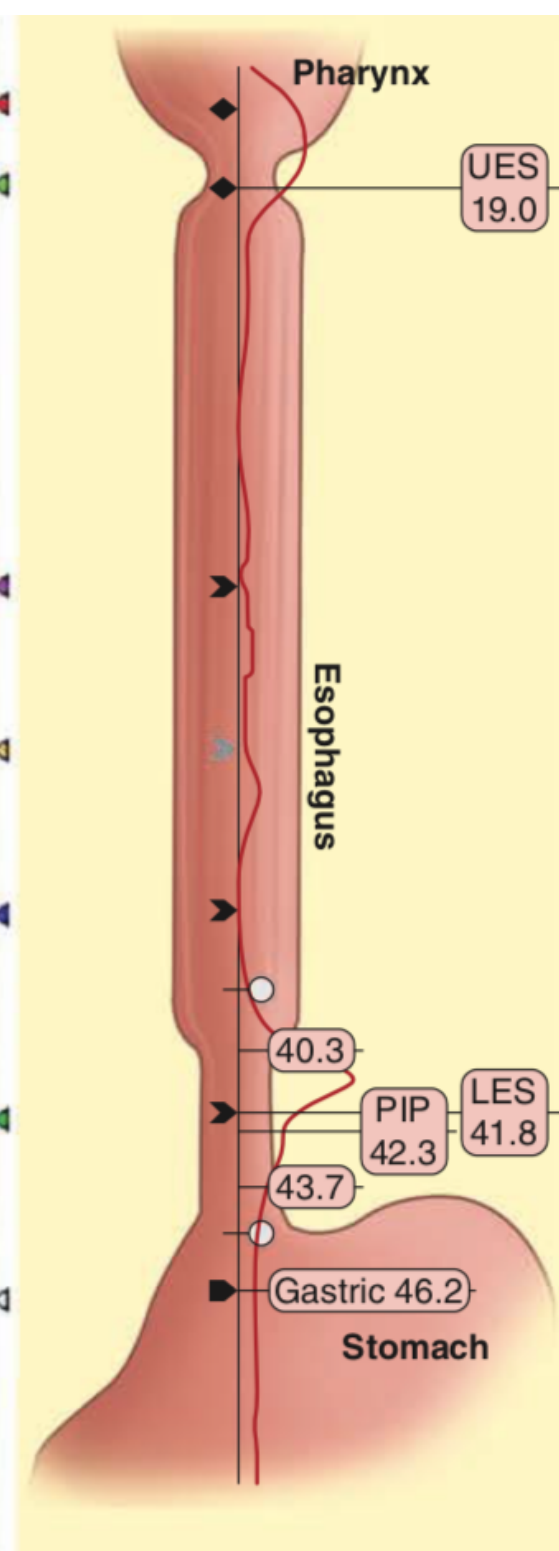
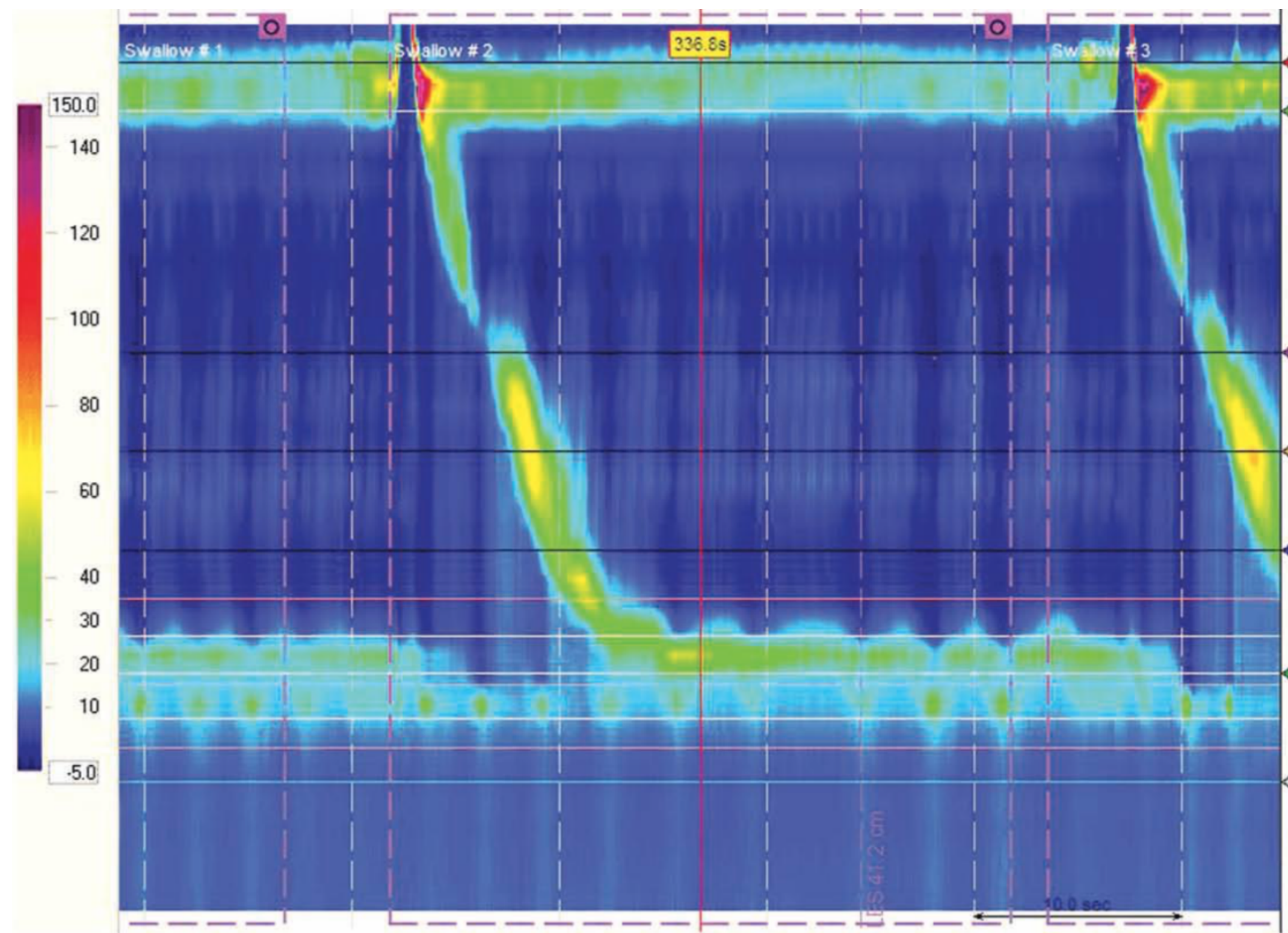
Esophageal Manometry Catheter



RIP = Respiratory inversion point

Normal manometric values of the distal esophageal sphincter, n = 50

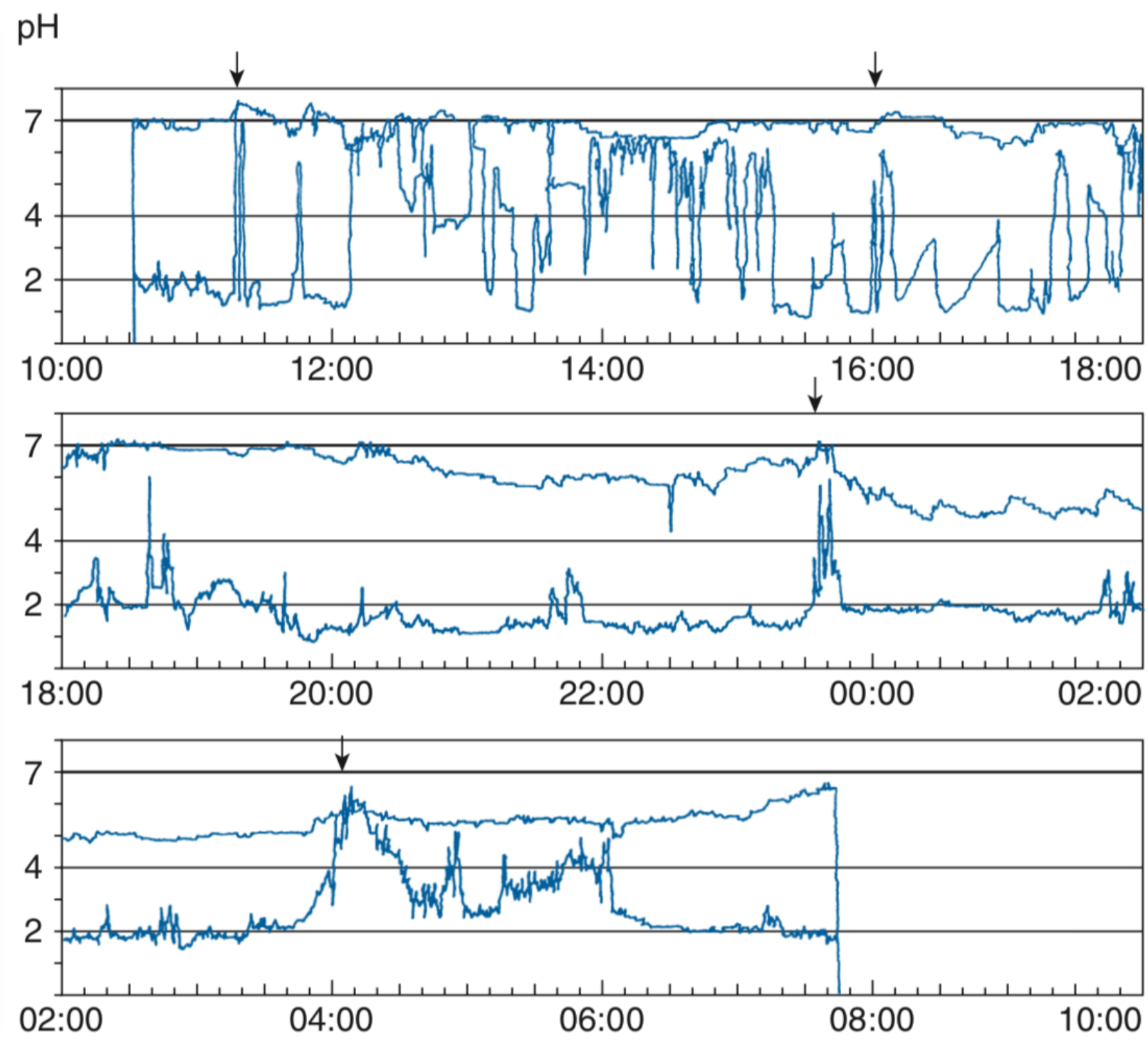
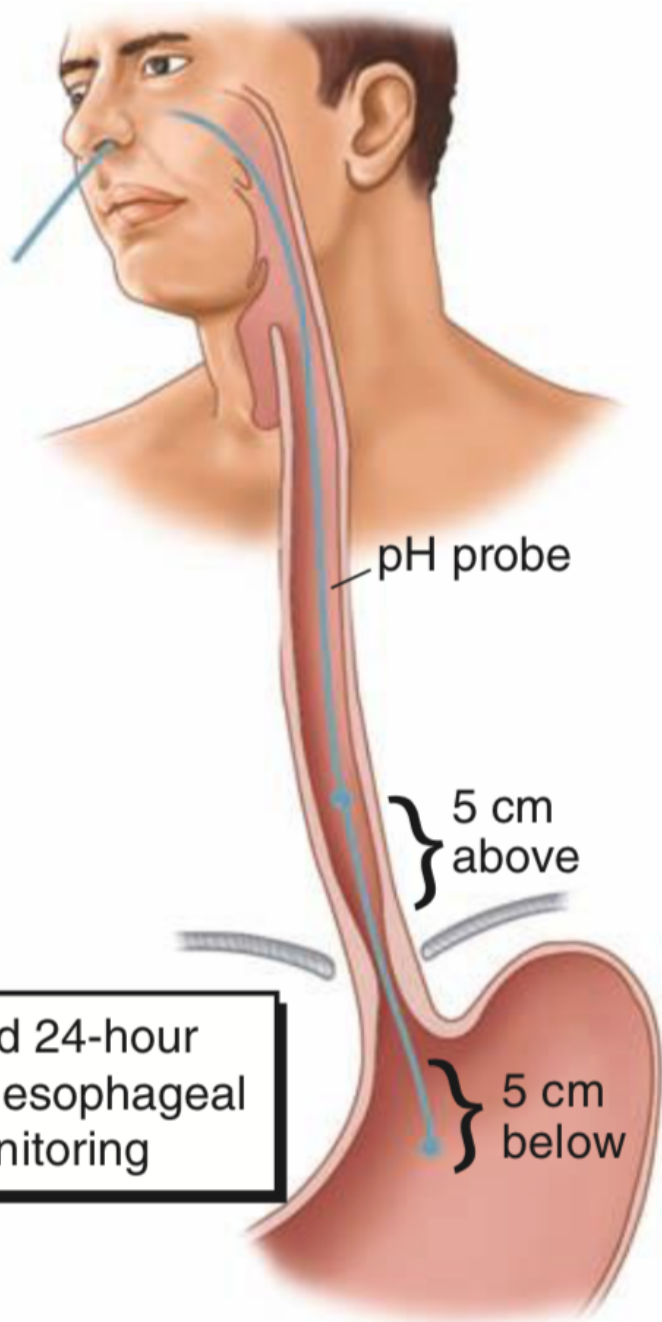
	MEDIAN	PERCENTILE	
		2.5	97.5
Pressure (mmHg)	13	5.8	27.7
Overall length (cm)	3.6	2.1	5.6
Abdominal length (cm)	2	0.9	4.7
	MEAN	MEAN – 2 SD	MEAN + 2 SD
Pressure (mmHg)	13.8 ± 4.6	4.6	23.0
Overall length (cm)	3.7 ± 0.8	2.1	5.3
Abdominal length (cm)	2.2 ± 0.8	0.6	3.8



Video- Cine radyografi



24h pH Metre



Normal values for esophageal exposure to pH <4 (n = 50)

COMPONENT	MEAN	SD	95%
Total time	1.51	1.36	4.45
Upright time	2.34	2.34	8.42
Supine time	0.63	1.0	3.45
No. of episodes	19.00	12.76	46.90
No. >5 min	0.84	1.18	3.45
Longest episode	6.74	7.85	19.80

SD = standard deviation.

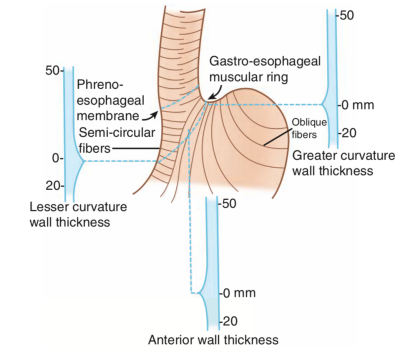
$$\text{Component score} = \frac{\text{Point value} - \text{mean}}{\text{SD} + 1}$$

Gastroözofageal Reflü Hastalığı

Gastroesophageal reflux disease (GERD) is a condition that develops **when the reflux of stomach contents causes troublesome symptoms and/or complications**

- **Heartburn- retrosternal yanma**
- **Regurgitasyon**

- Disfaji
- Odinofaji
- Göğüs ağrısı
- Hipersalivasyon- water brush
- Globus
- Bulantı



a mechanically effective LES

efficient esophageal clearance

an adequately functioning gastric reservoir

(antireflux mechanism)

Komplikasyonları:

Erozif özofajit

Barret özofagus

Striktür

Kanser

Kronik larenjit-laringeal stenoz

Astım

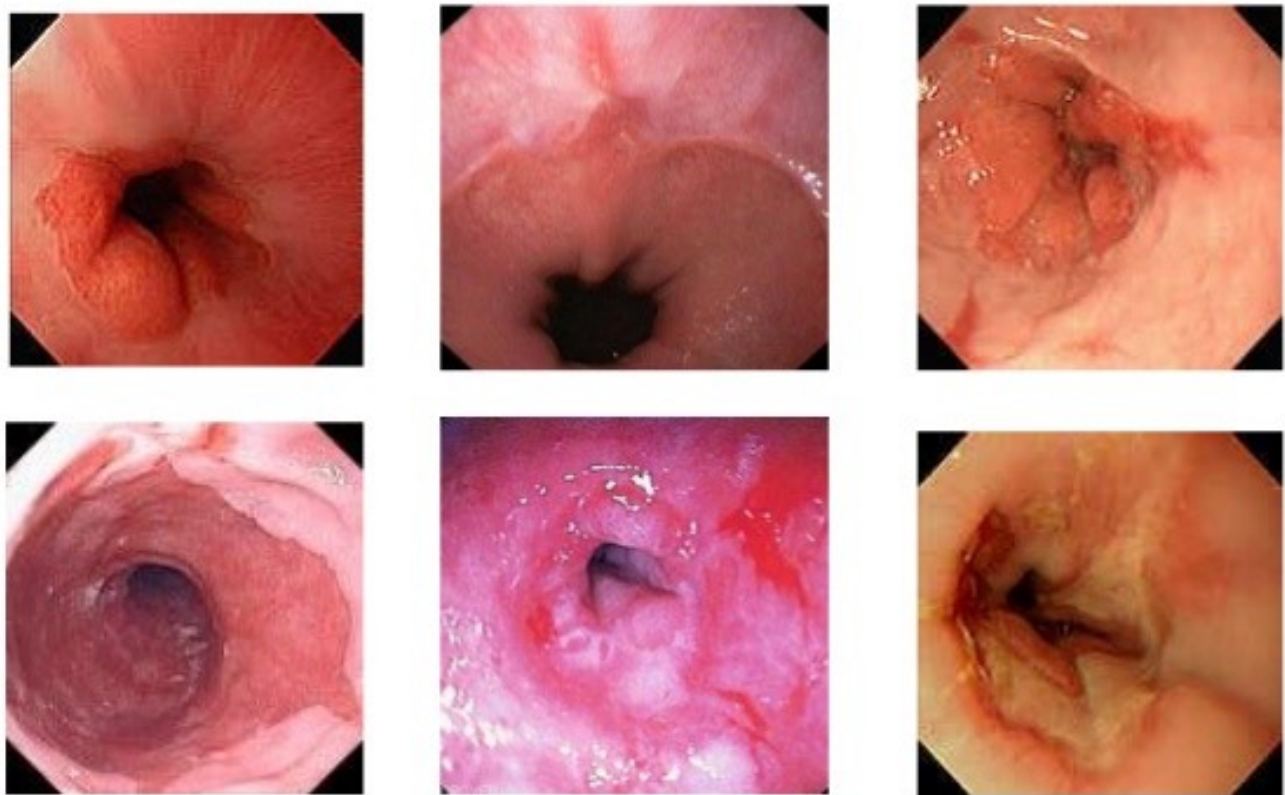
Öksürük

Diş problemleri

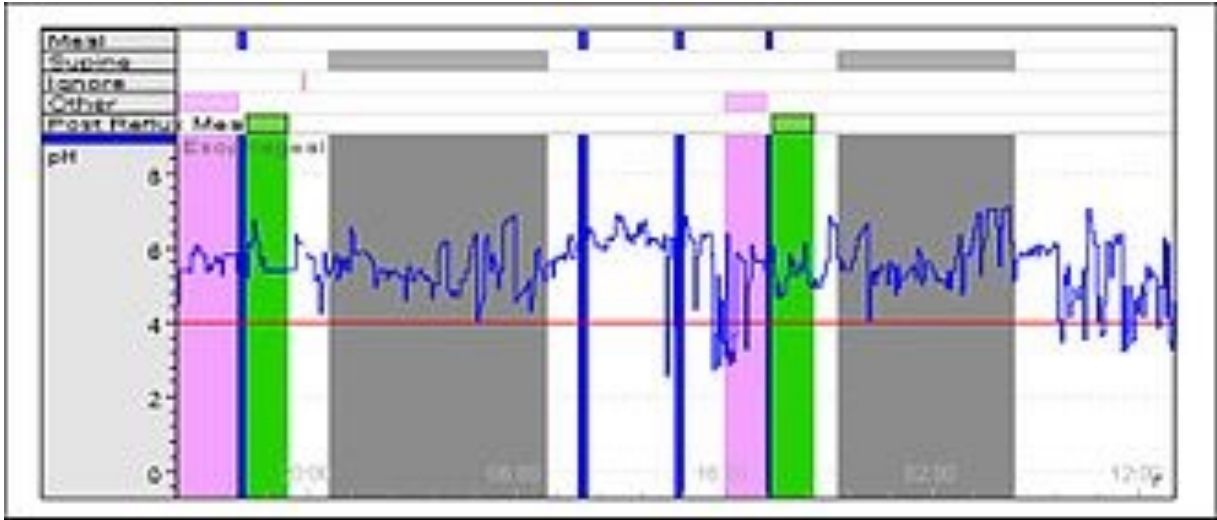
Tekrarlayan pnömoni

Tanı

Endoskopi



pH Metre



Normal values for esophageal exposure to pH <4 (n = 50)

COMPONENT	MEAN	SD	95%
Total time	1.51	1.36	4.45
Upright time	2.34	2.34	8.42
Supine time	0.63	1.0	3.45
No. of episodes	19.00	12.76	46.90
No. >5 min	0.84	1.18	3.45
Longest episode	6.74	7.85	19.80

SD = standard deviation.

Ayırıcı Tanı

- Özofajit nedenleri (eozinofilik, ilaç özofajiti, enfeksiyöz)
- Disfaji nedenleri (Motilite bozuklukları, kanser vs)
- Fizyolojik reflü
- Fonksiyonel heartburn-dispepsi

Tedavi

Medikal:

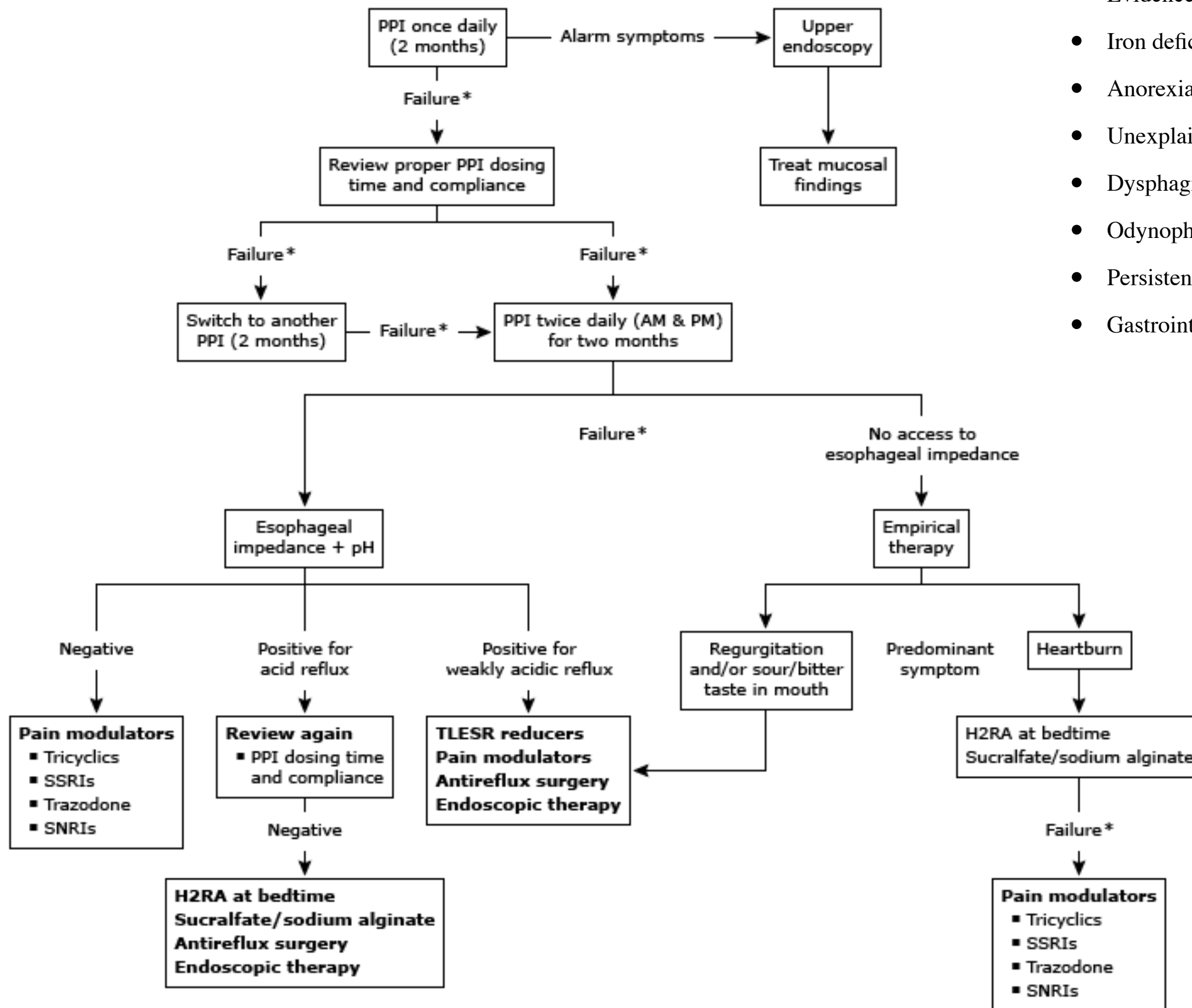
- Yaşam biçimi ve diyet alışkanlıklarının değiştirilmesi
- Antasitler
- H2RB, PPI
- Reflü inhibitörleri (Baklofen)= TLESR reducer
- Alginat

Anti-reflü prosedürleri:

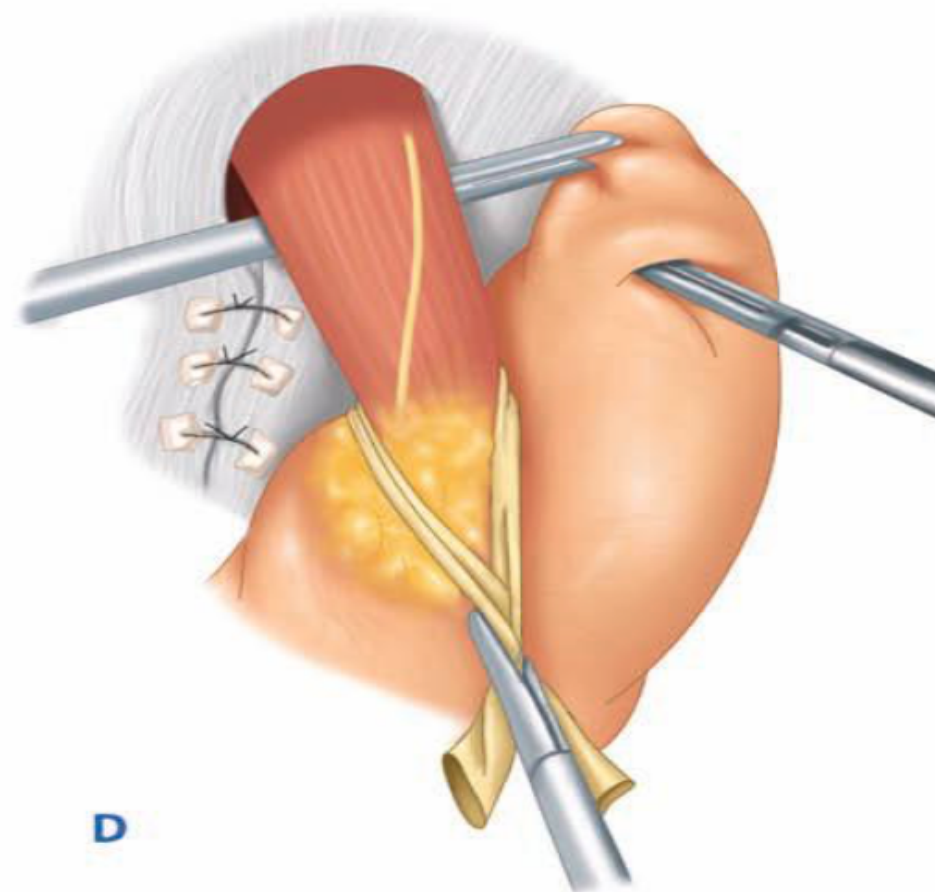
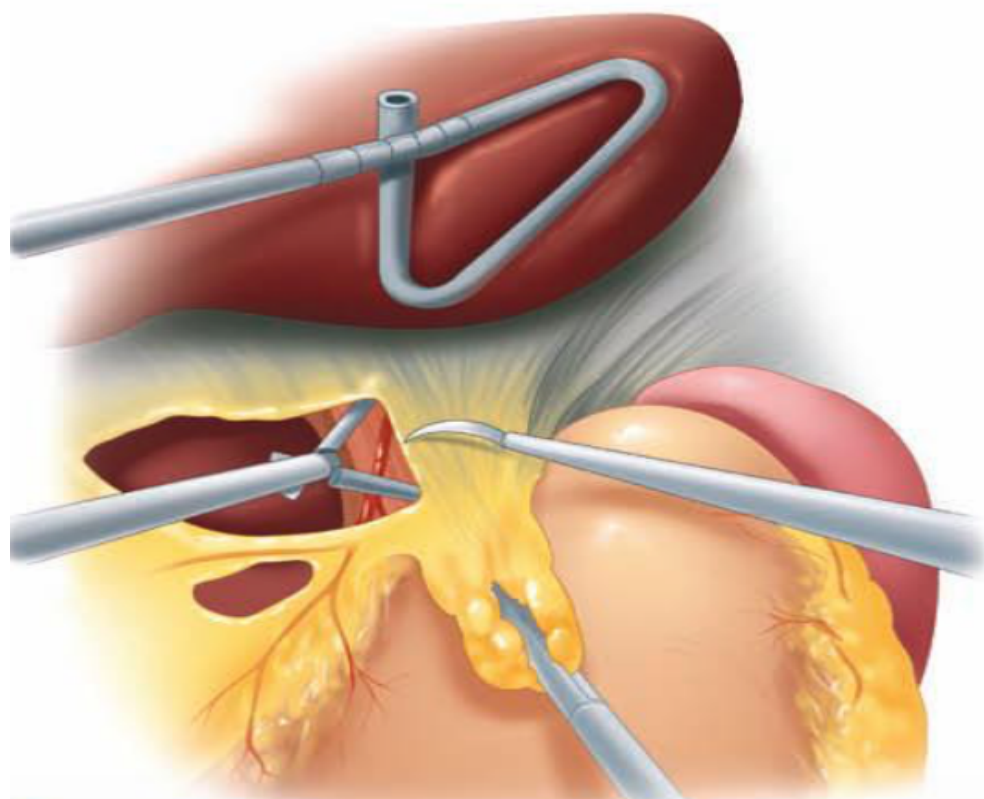
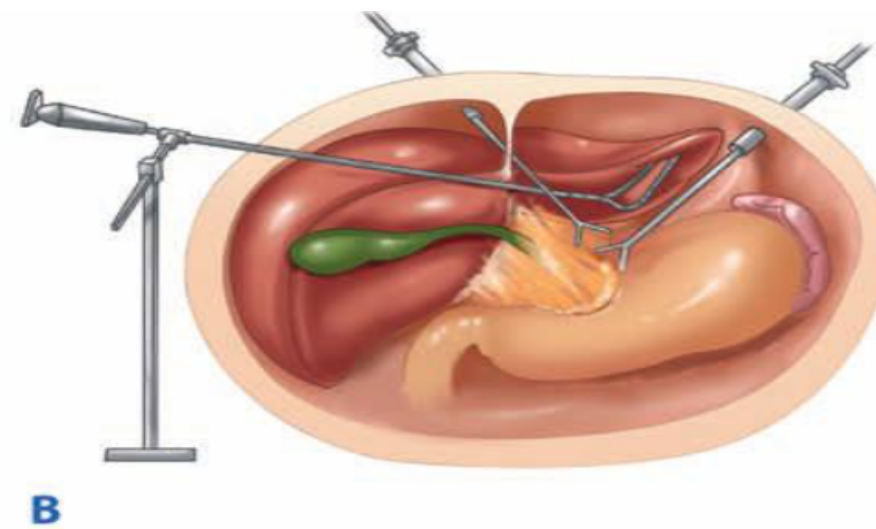
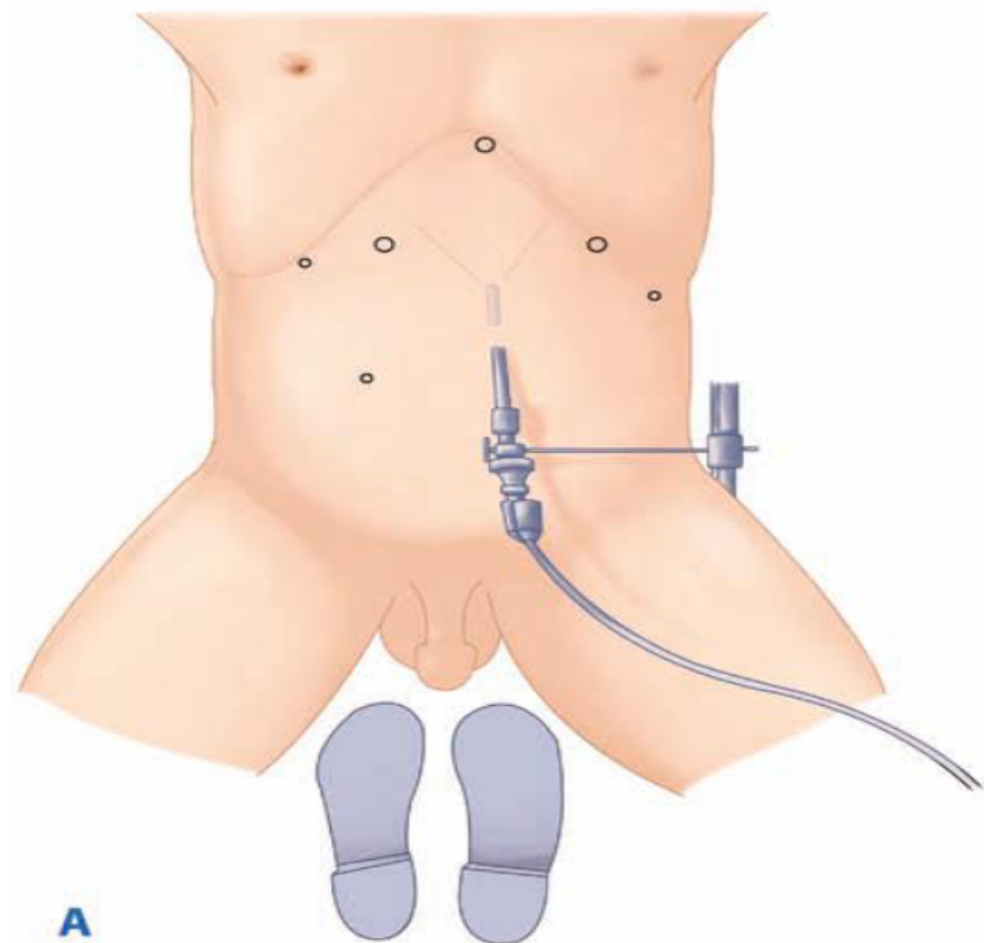
- Endoskopik
- Cerrahi

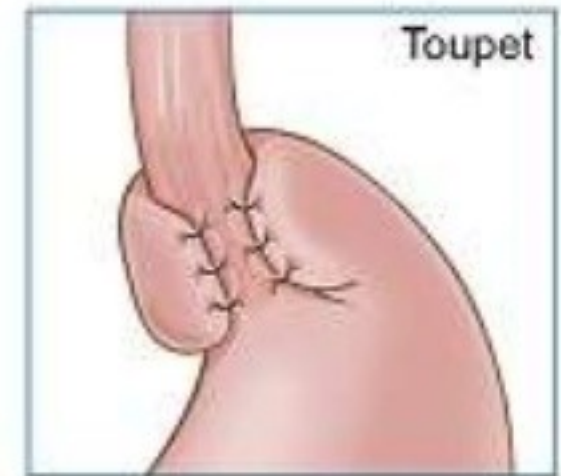
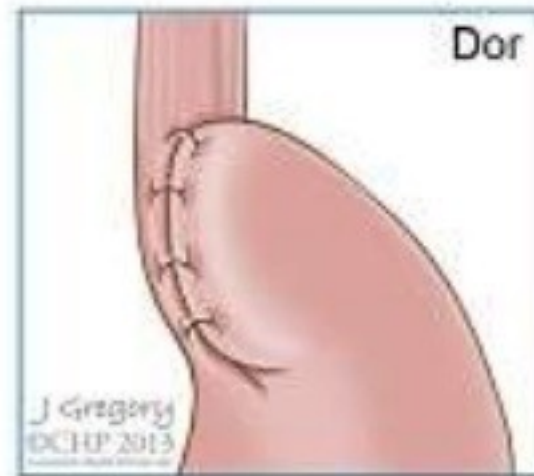
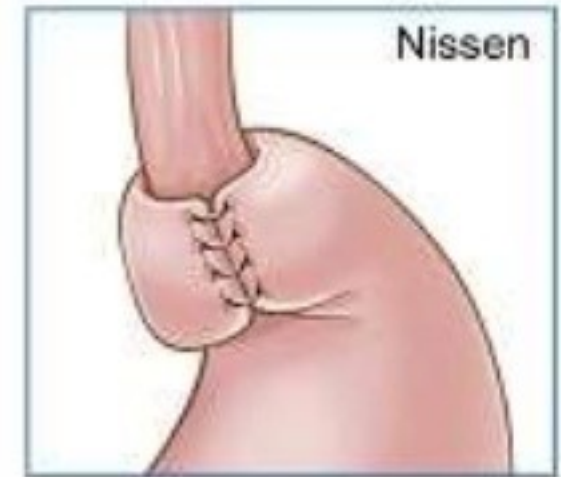
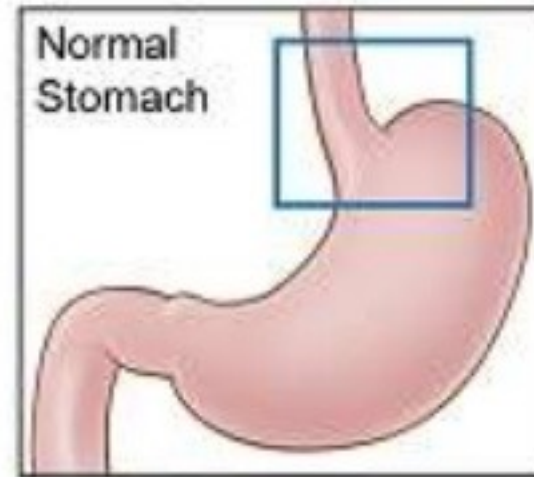
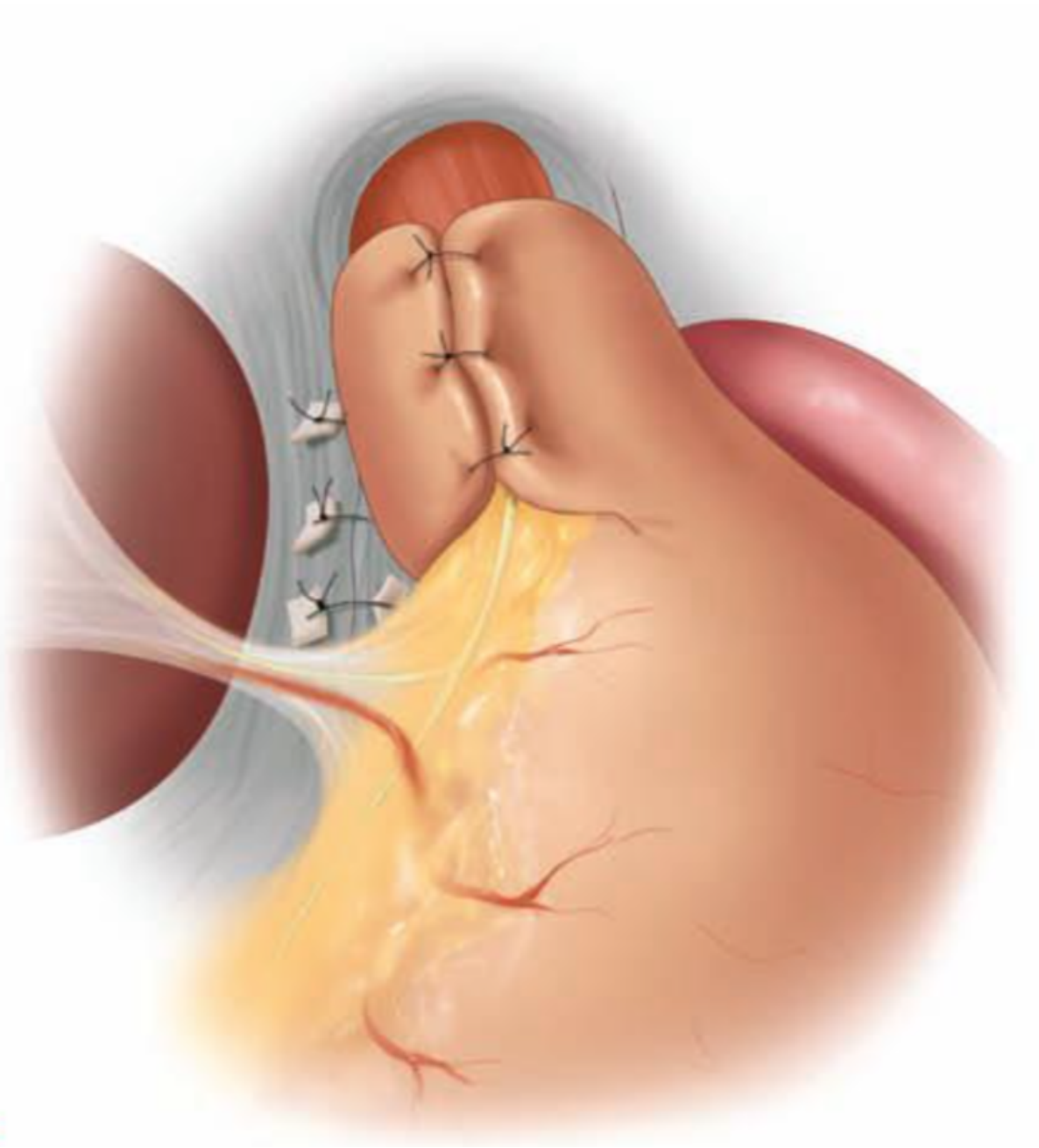
GERH komplikasyonları (özofajit, striktür, Barrett)
Persistan reflü semptomları

İlaç kullanamayan
İlaç kullanmak istemeyen

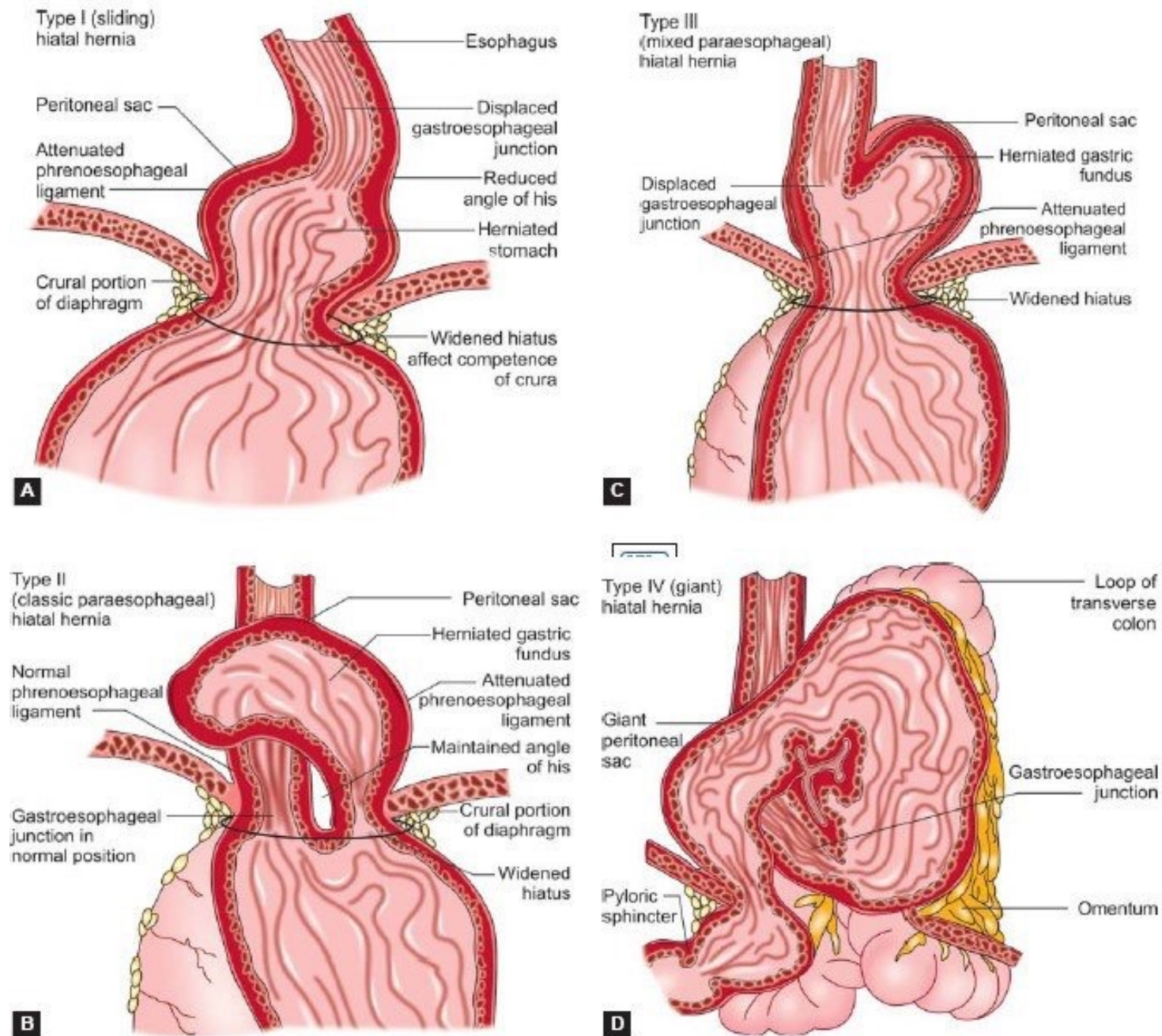


- New onset dyspepsia in patient ≥ 60 years
- Evidence of gastrointestinal bleeding
- Iron deficiency anemia
- Anorexia
- Unexplained weight loss
- Dysphagia
- Odynophagia
- Persistent vomiting
- Gastrointestinal cancer in a first-degree relative





Hiatal herni



Tip I: Sliding herni.....cardia

Tip II: Paraözophageal-Rolling herni.....fundus

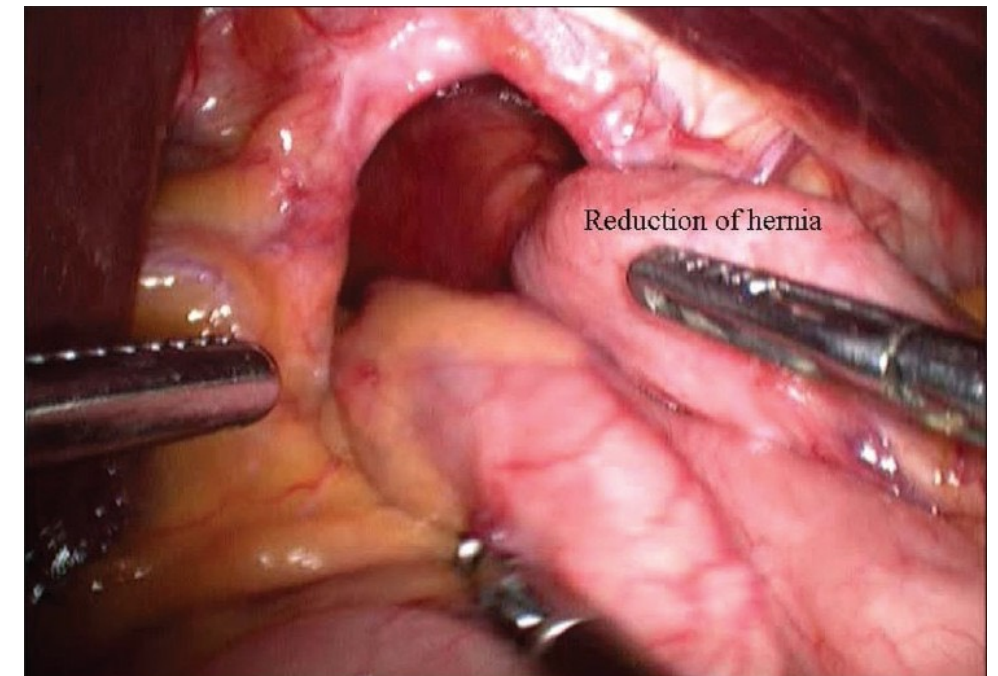
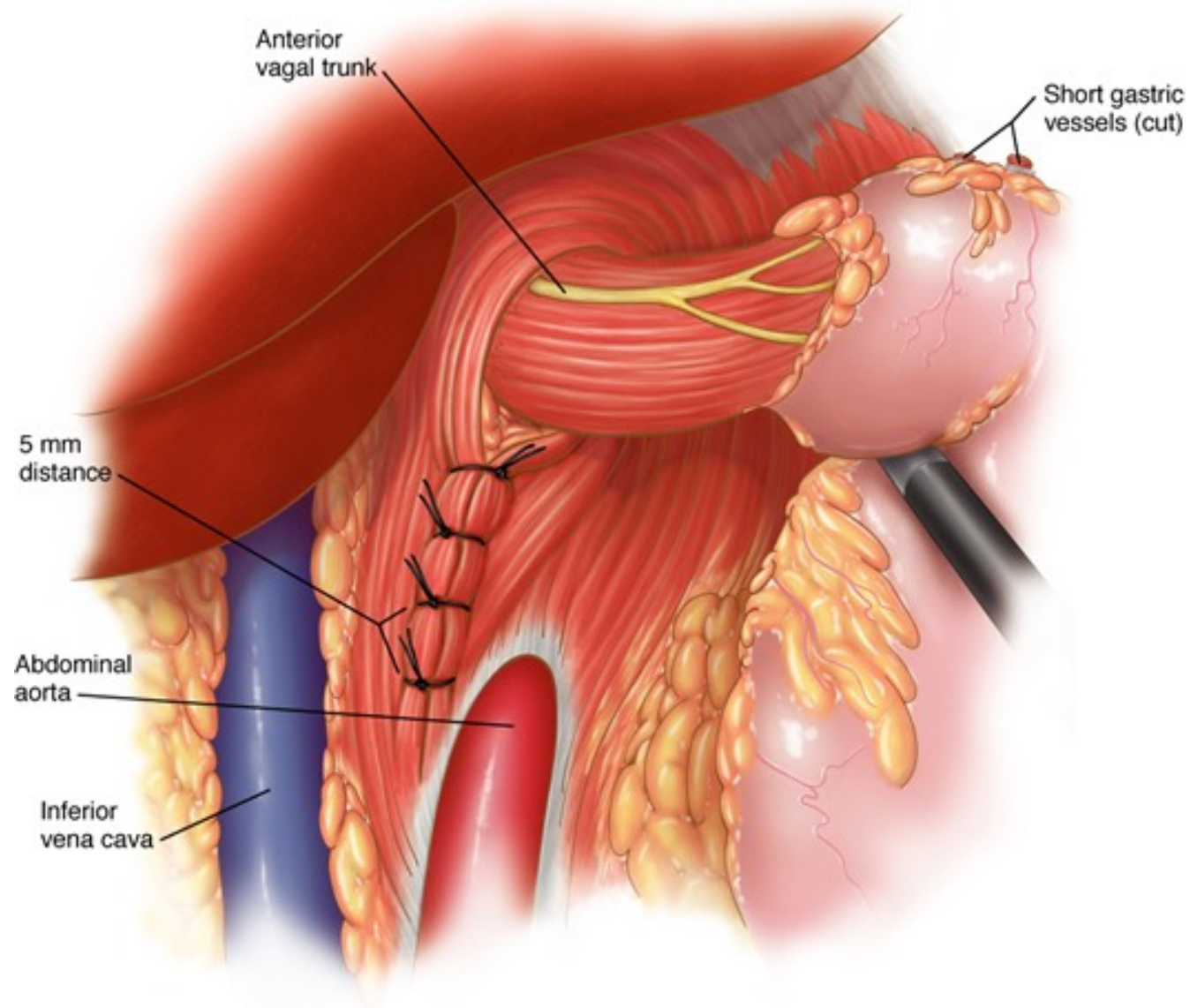
Tip III: Mixed (Sliding + Rolling)cardia+fundus

Tip IV: +ilave organ (kolon vb)

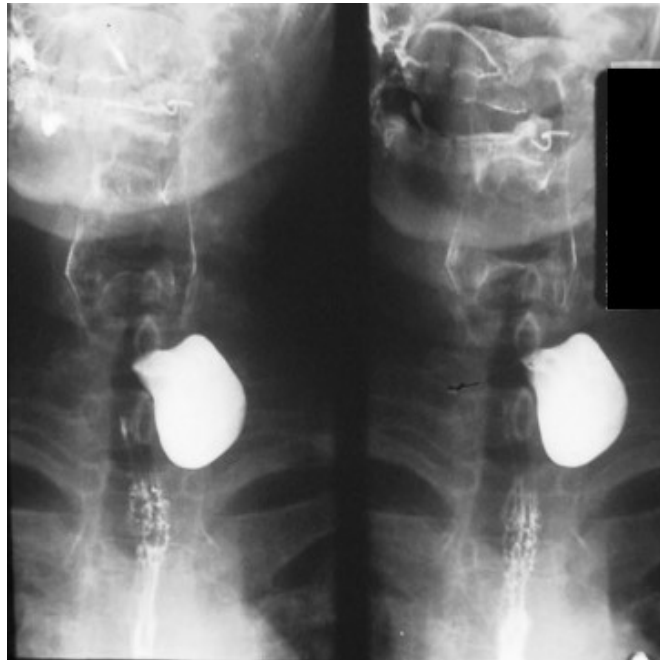
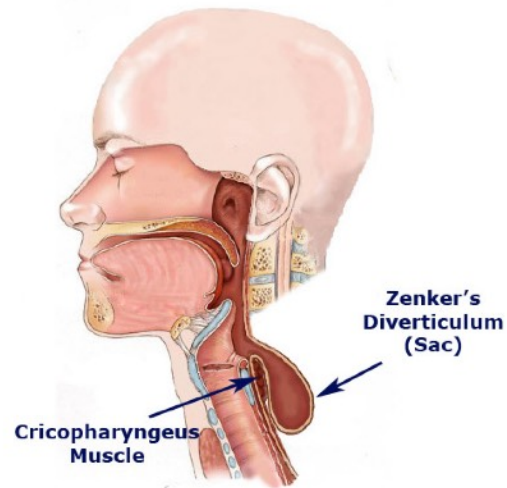
Tedavi;

- Sliding herni....?????
- Paraözofageal herni....Cerrahi

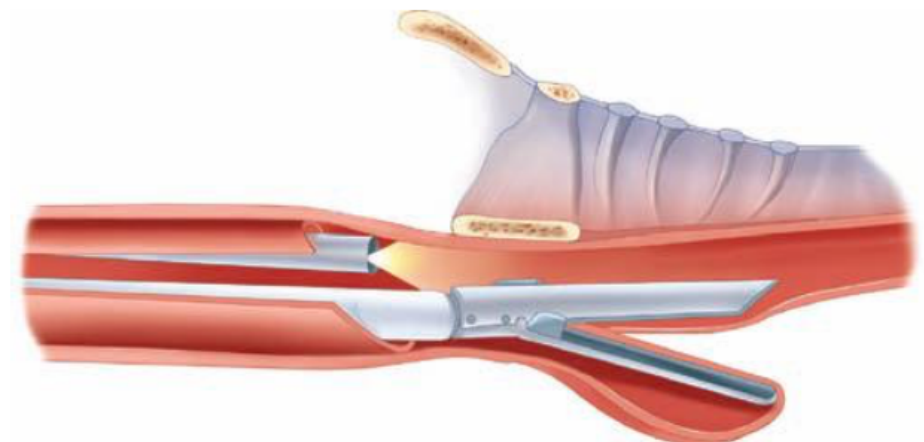
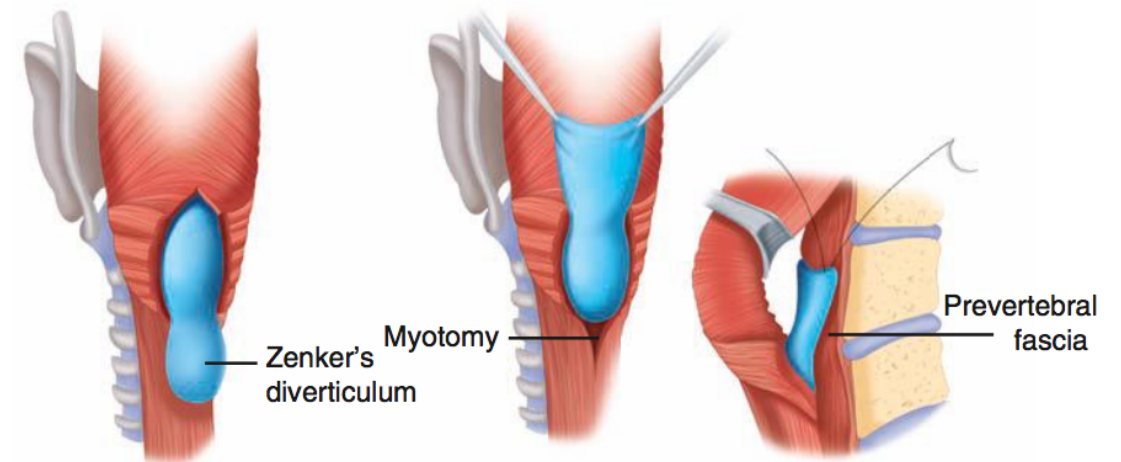
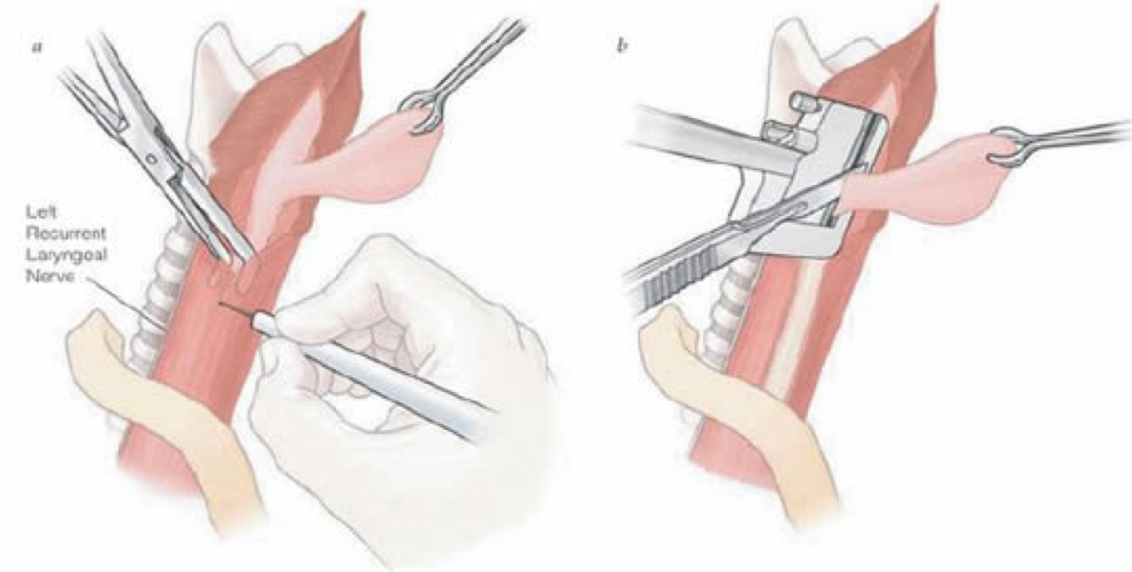
(kanama, enfarkt, perforasyon)



Zenker divertikülü



Divertikülektomi +- myotomi Divertikülopeksi +- myotomi Endoskopik krikofaringotomi



Motilite hastalıkları

Disorders of the esophageal phase of swallowing result from abnormalities in the propulsive pump action of the esophageal body or the relaxation of the LES

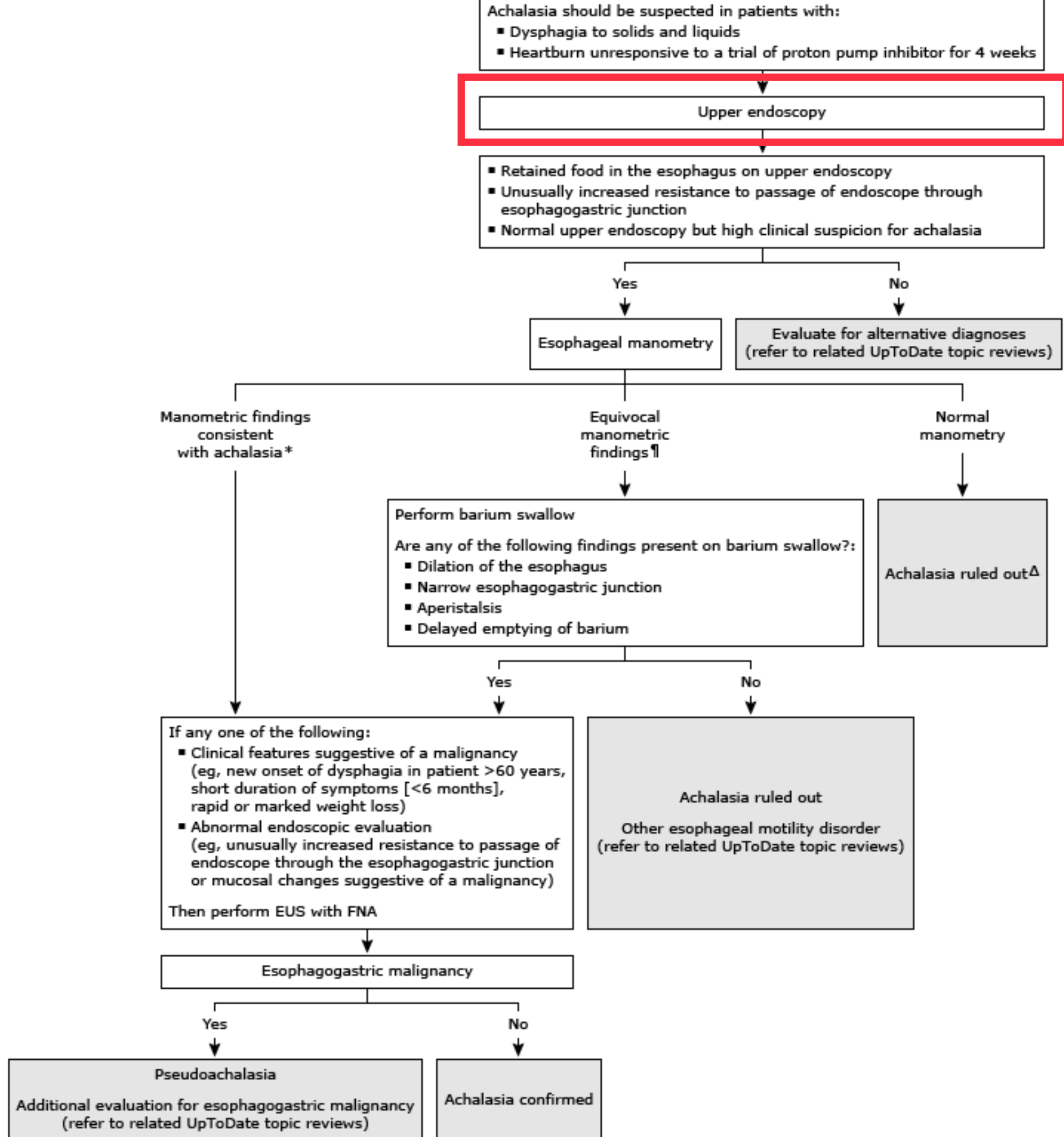
- Primer motilite bozuklukları
 - Akalazya
 - Diffuz (ya da segmental) özofageal spazm
 - Fındıkkıran özofagus
 - Hipertansif LES
 - Nonspesifik özofagus motilite bozuklukları
- Sekonder motilite bozuklukları
 - Kollajen hastalıklar (SS, polimiyozit, dermatomyozit, SLE)
 - Nöromuskuler hastalıklar
 - Kronik idiopatik intestinal pseudoobstruksiyon
 - Endokrin/Metabolik hastalıklar

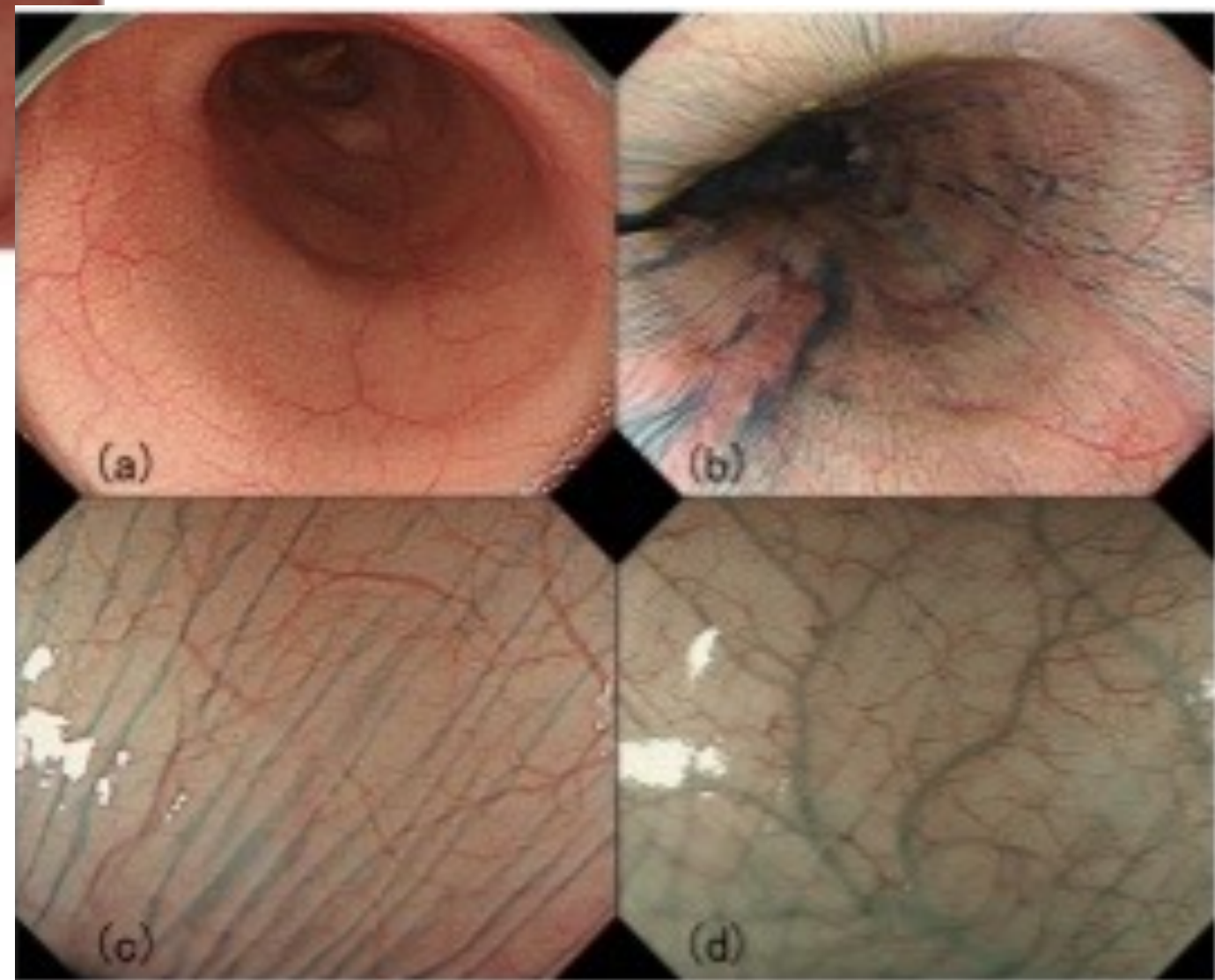
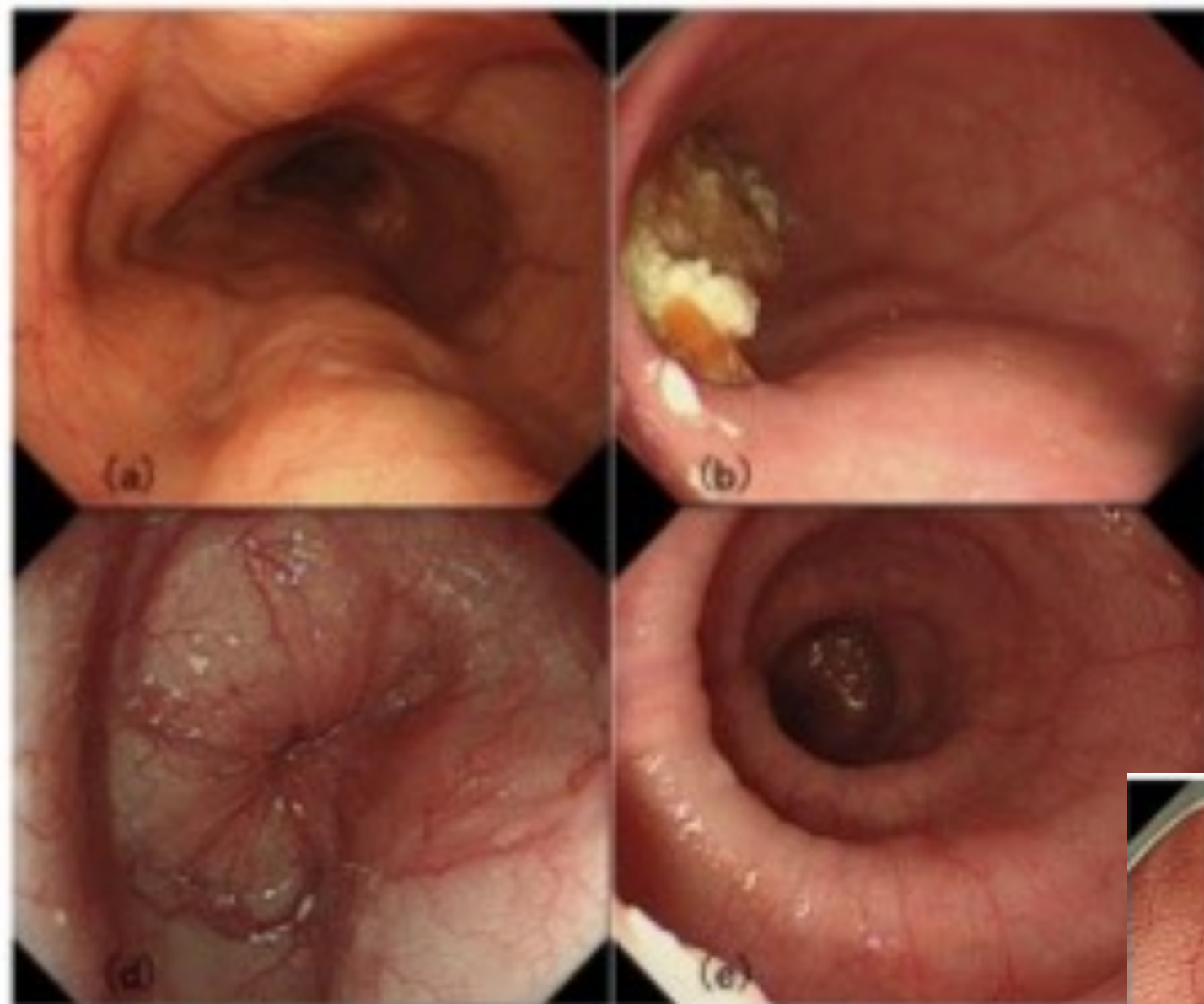
Akalazya

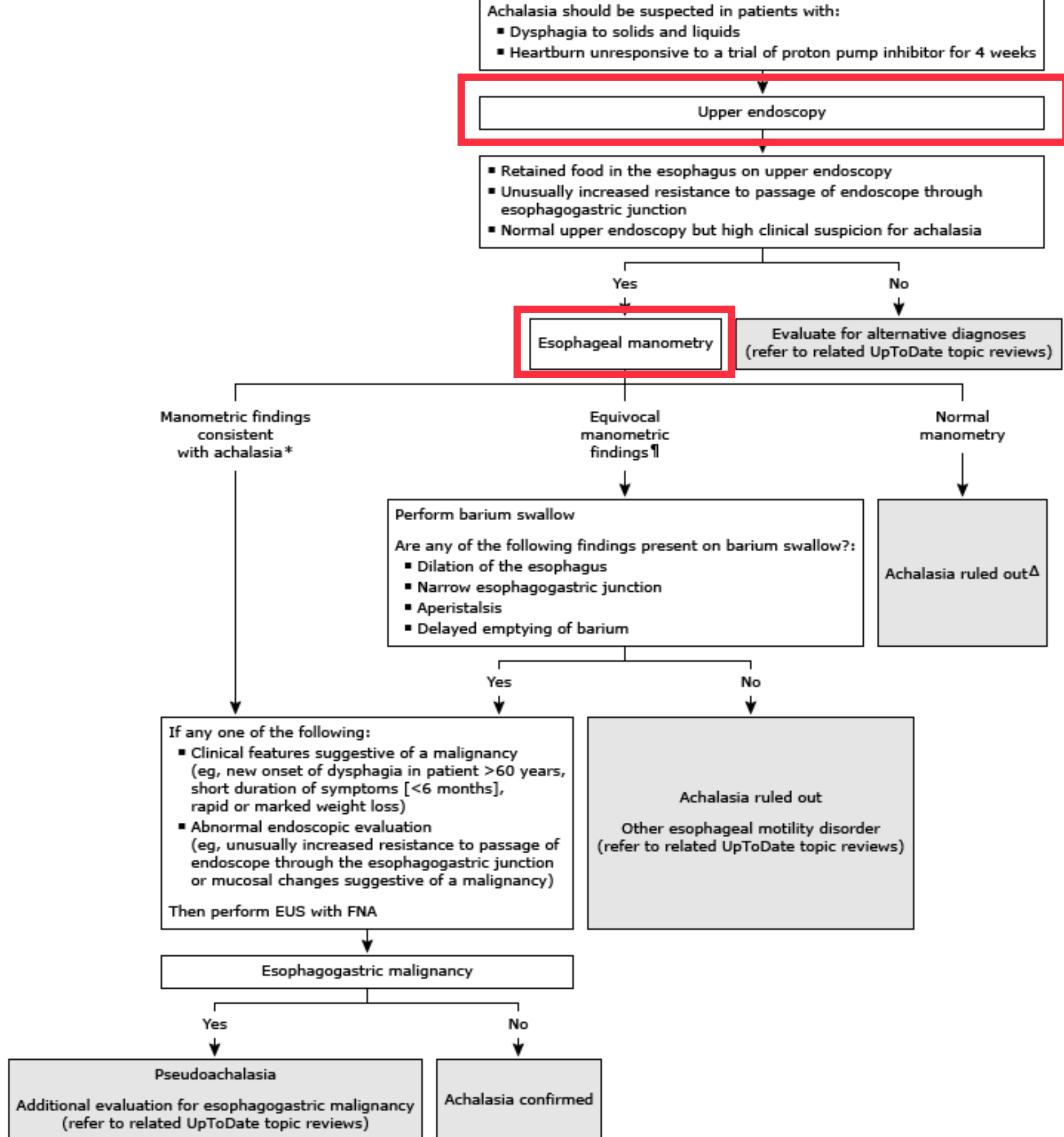
Alt özofagus sfinkterinin gevşememesi

- 6/100.000
- LES hastalığı (+tüm özofagusta peristaltizm yokluğu)
- Nörojenik dejenerasyon (idiopatik-enfeksiyöz)
- Pseudoakalazya?

- Disfaji (sıvı-solid)
- Sindirilmemiş gıda regüsjitasyonu
- Göğüs ağrısı
- Heartburn
- Hıçkırık
- Kilo kaybı
- Globus





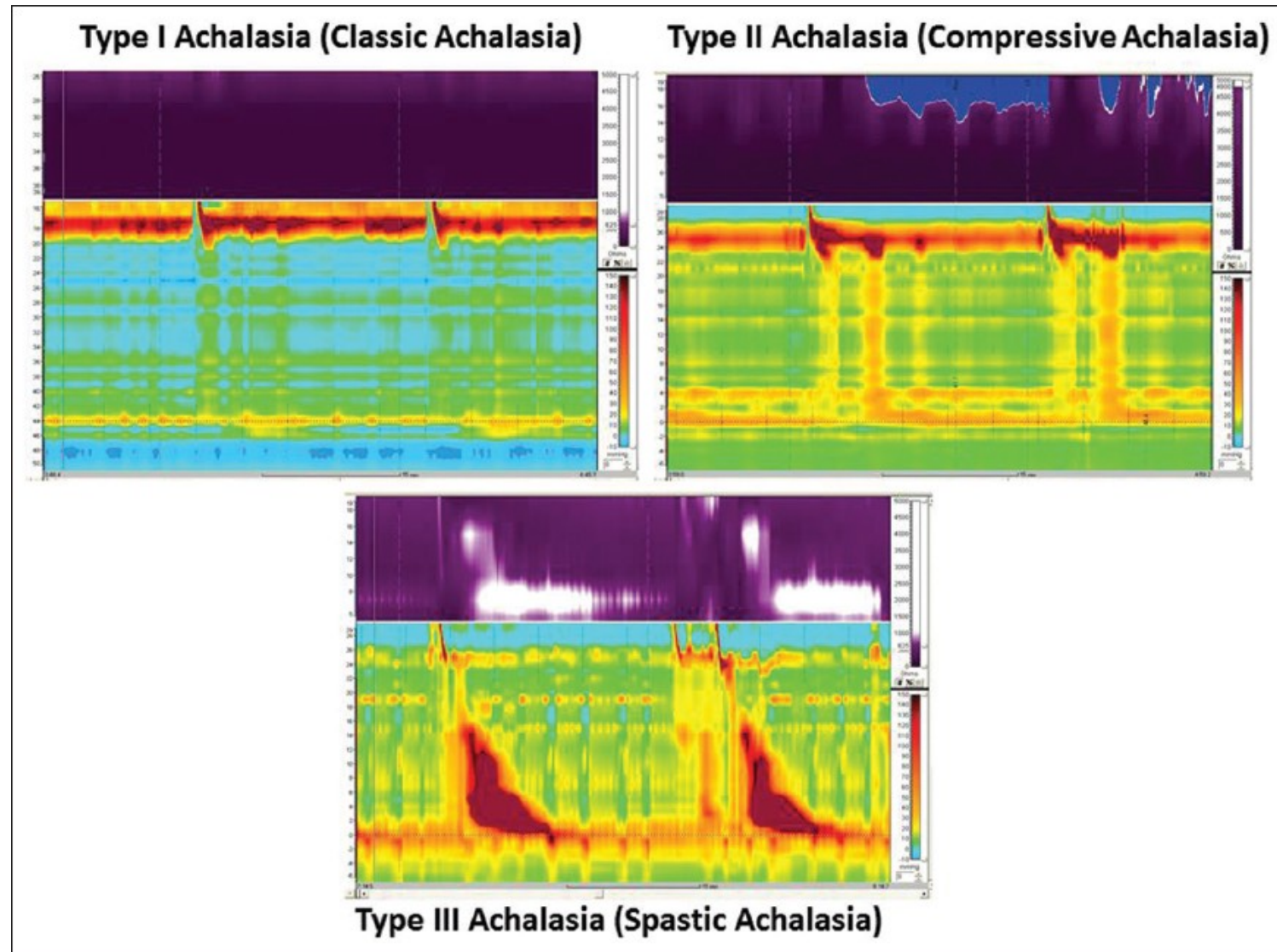


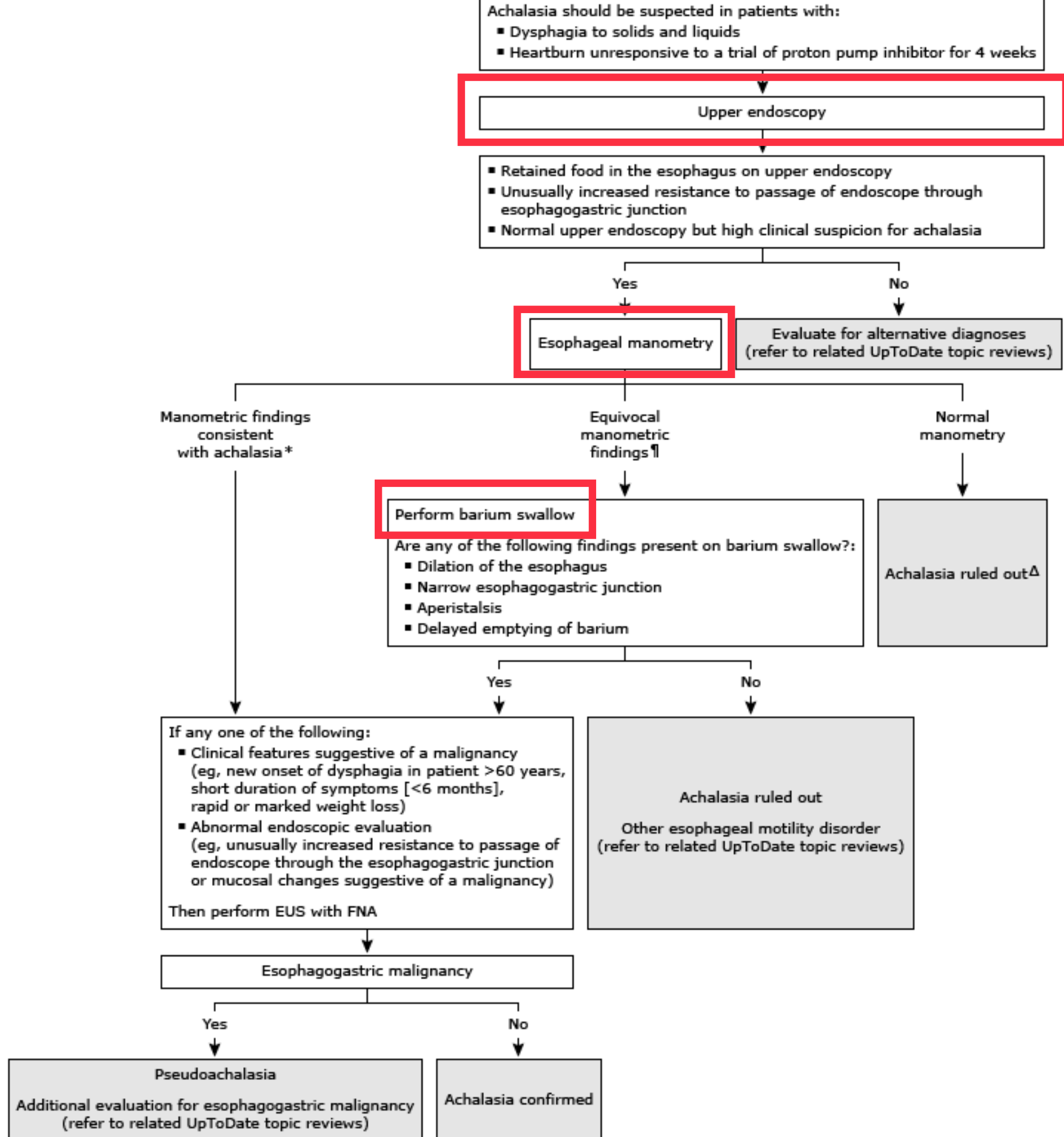
Yetersiz LES gevşemesi (<75%)

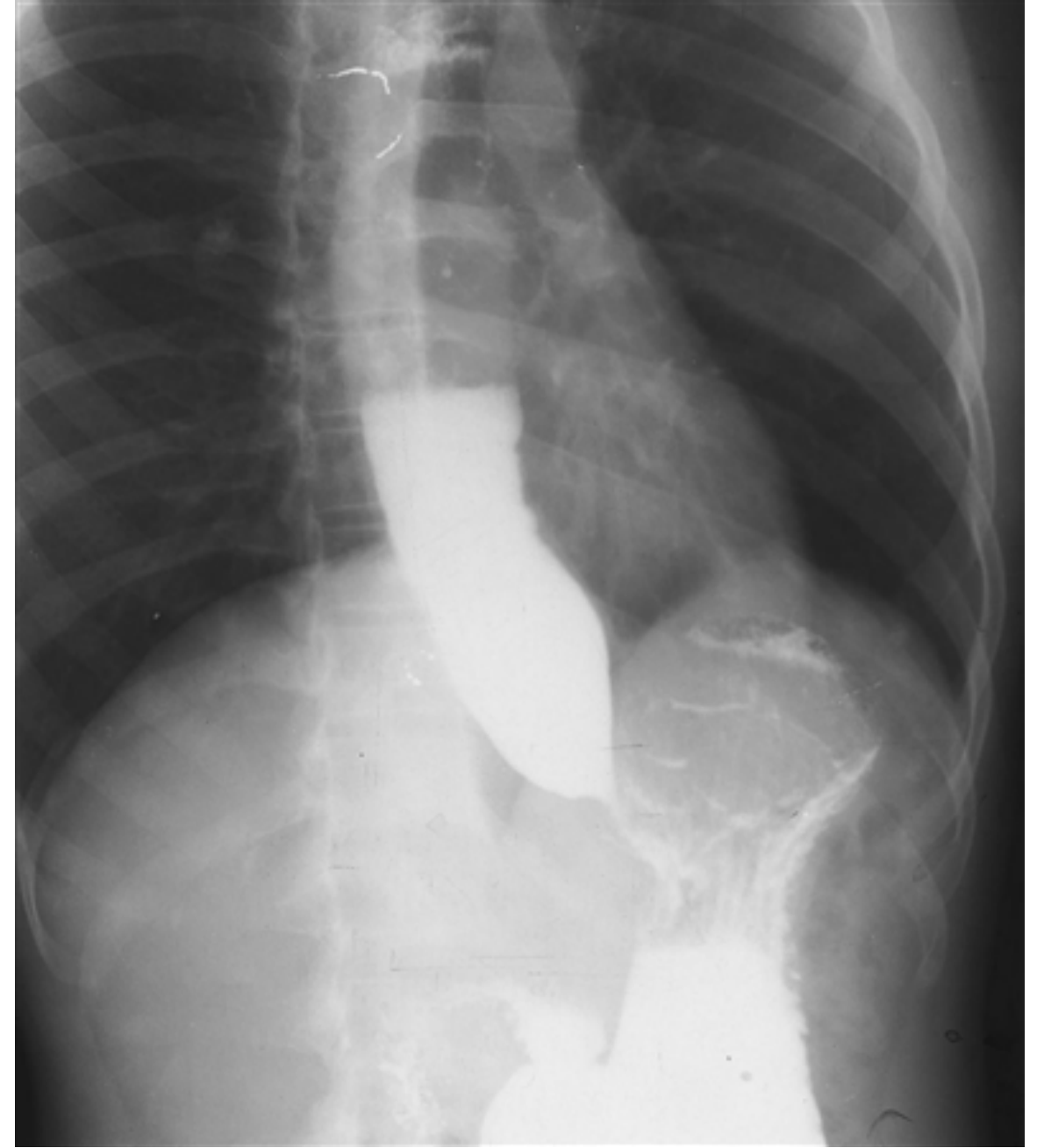
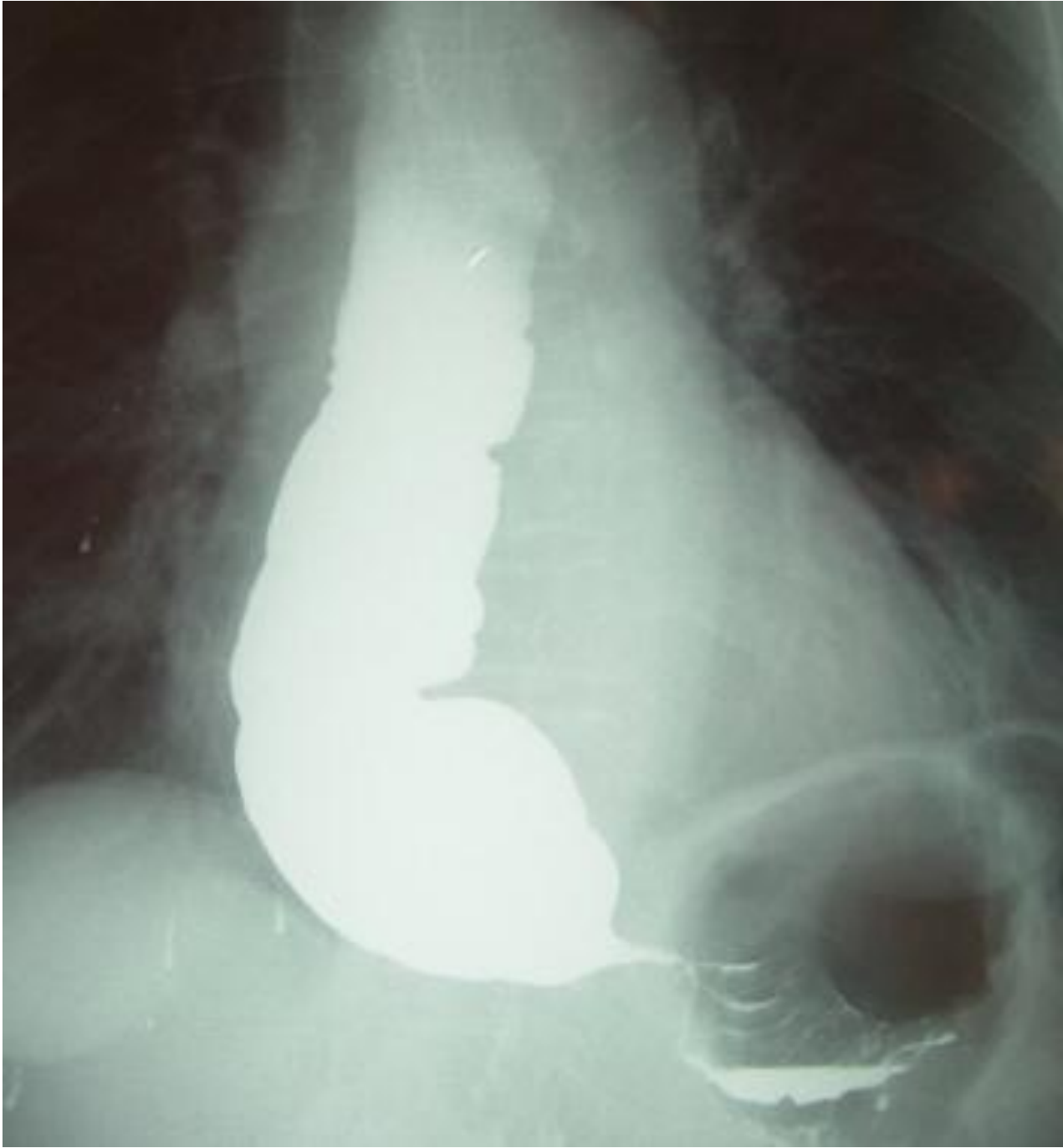
Özofagus gövdesi aperistaltizmi

Yüksek LES basıncı >26 mmhg

Mide bazal değerlerine göre yüksek özofagus bazal değerleri

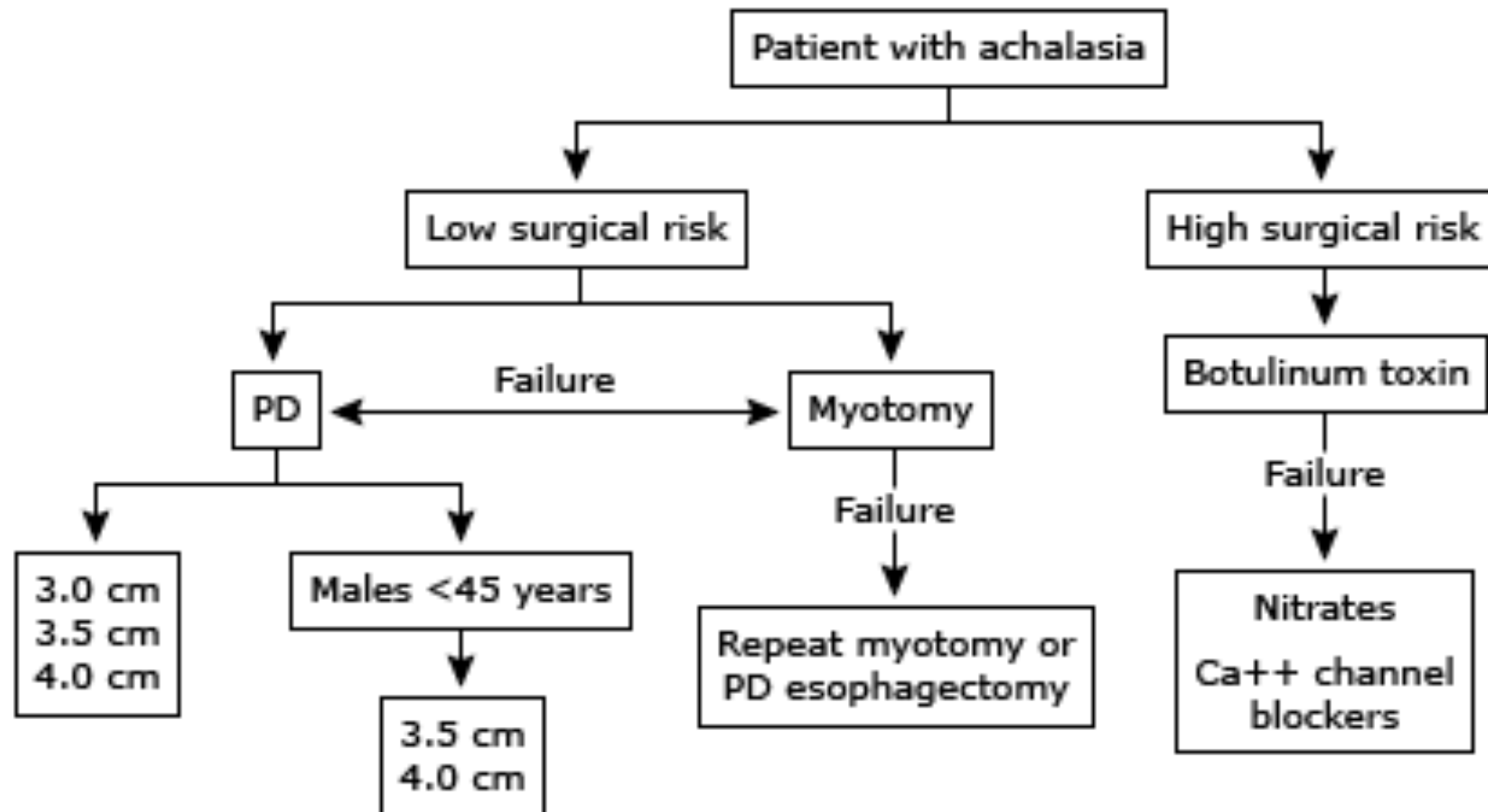


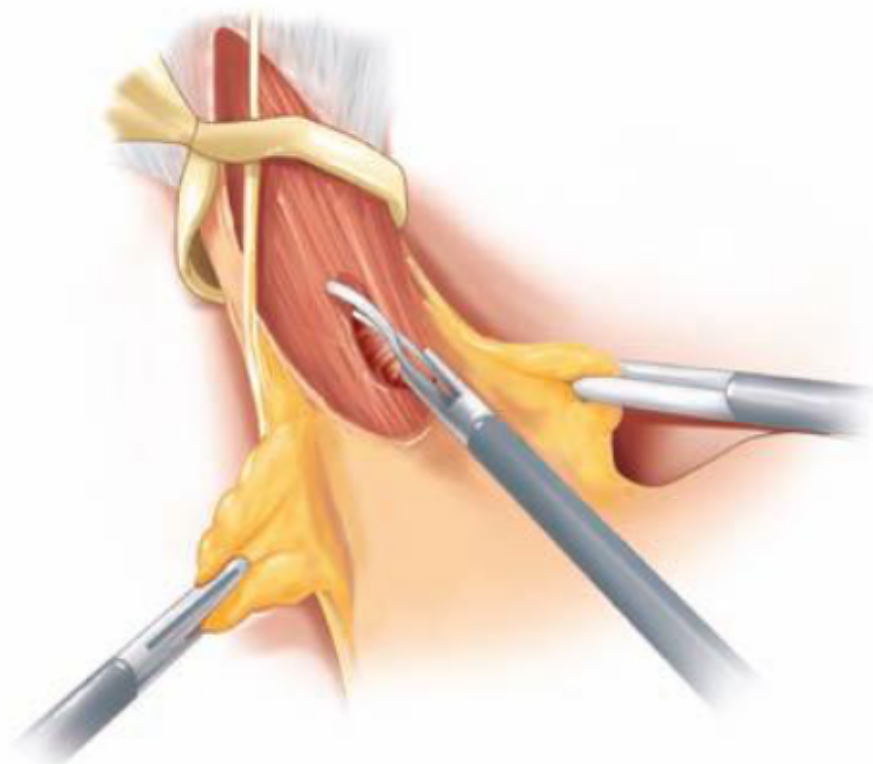




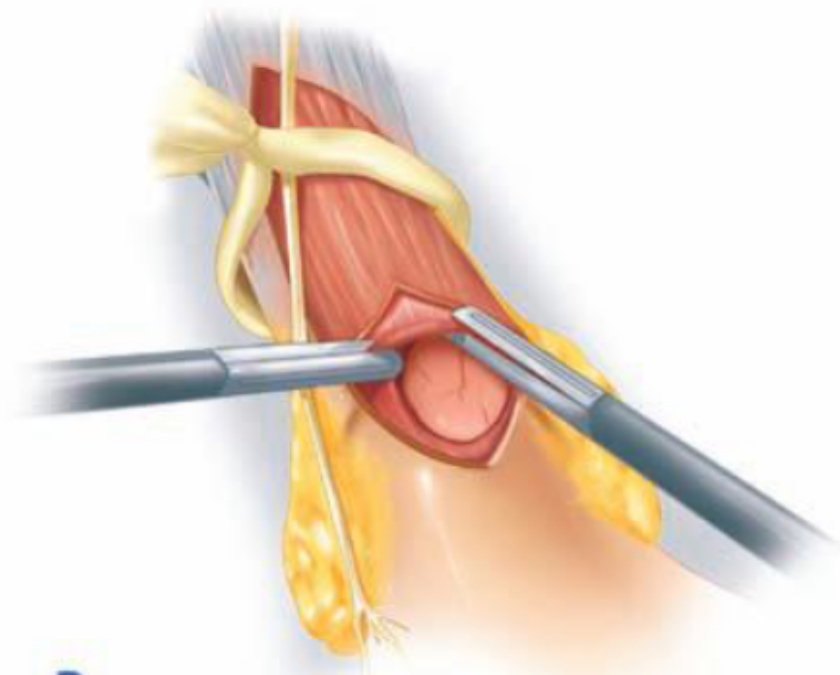
Kuş gagası
Sigmoid görünümü (Divertikül formasyonu)
Sıvı seviyesi

Cerrahi-Myotomi (rezeksiyon)
Dilatasyon
Botulinum
Medikal (nitrat-Ca KB)
Endoskopik-POEM

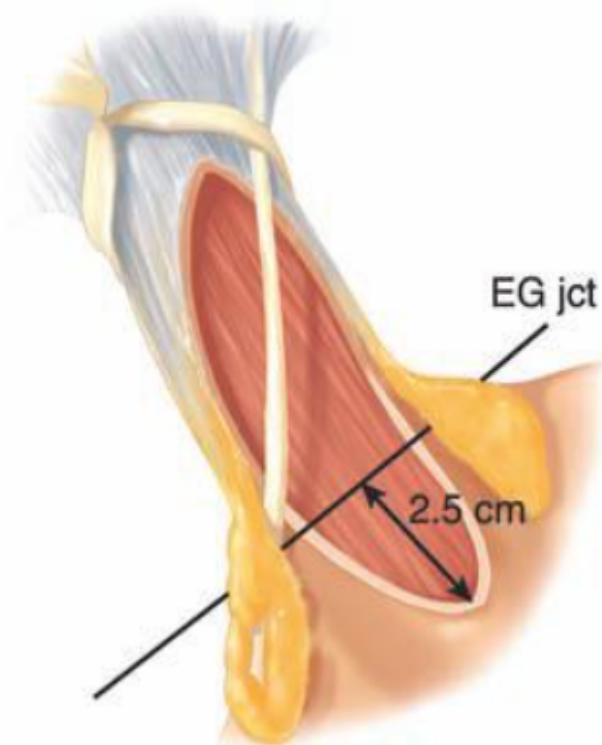
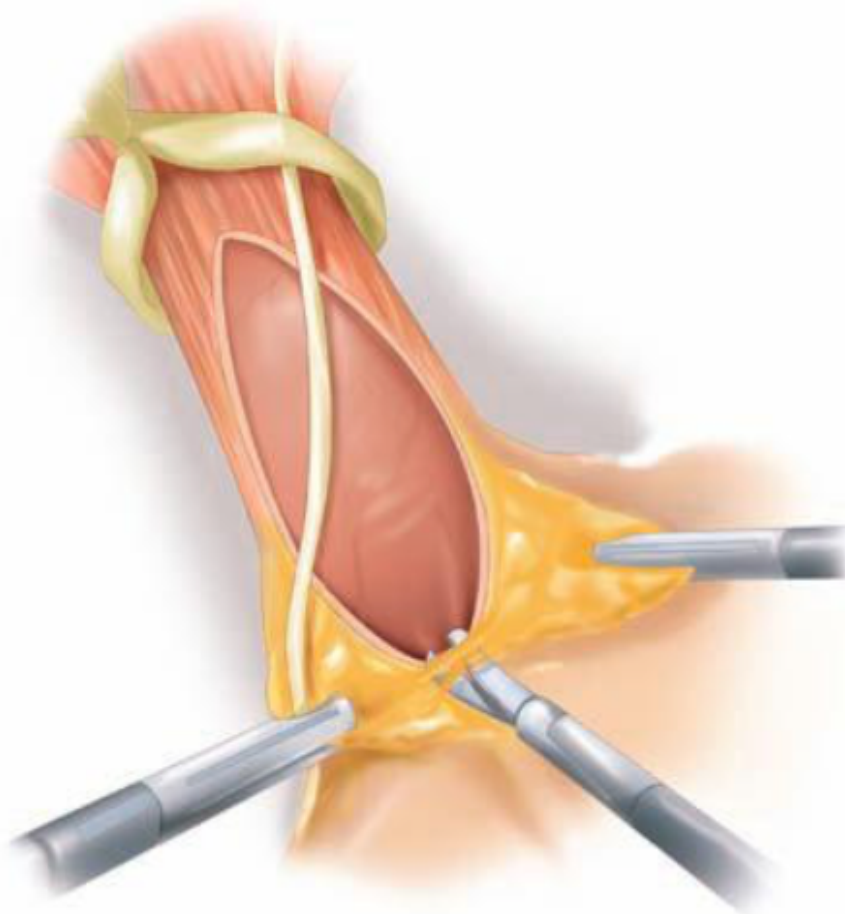




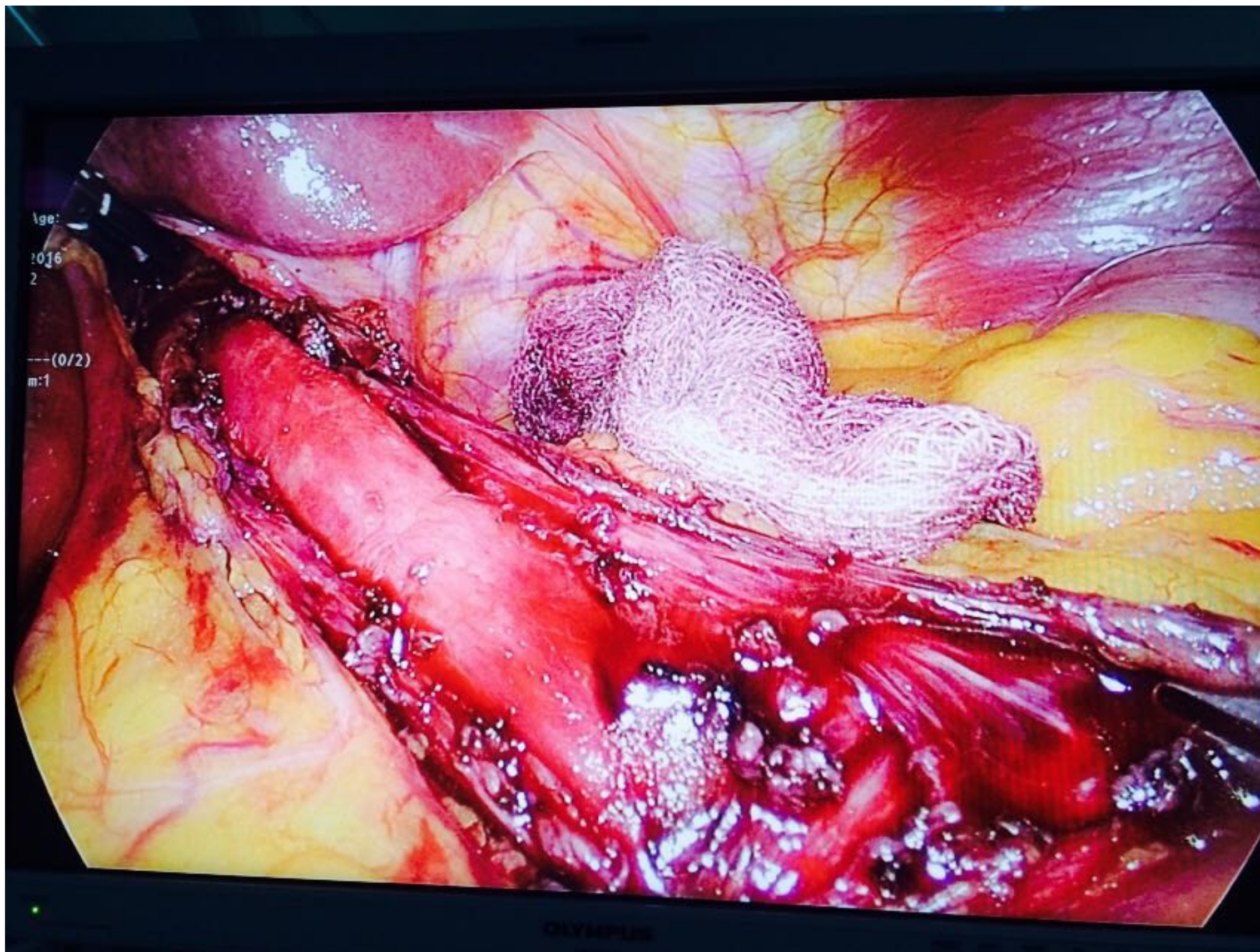
A

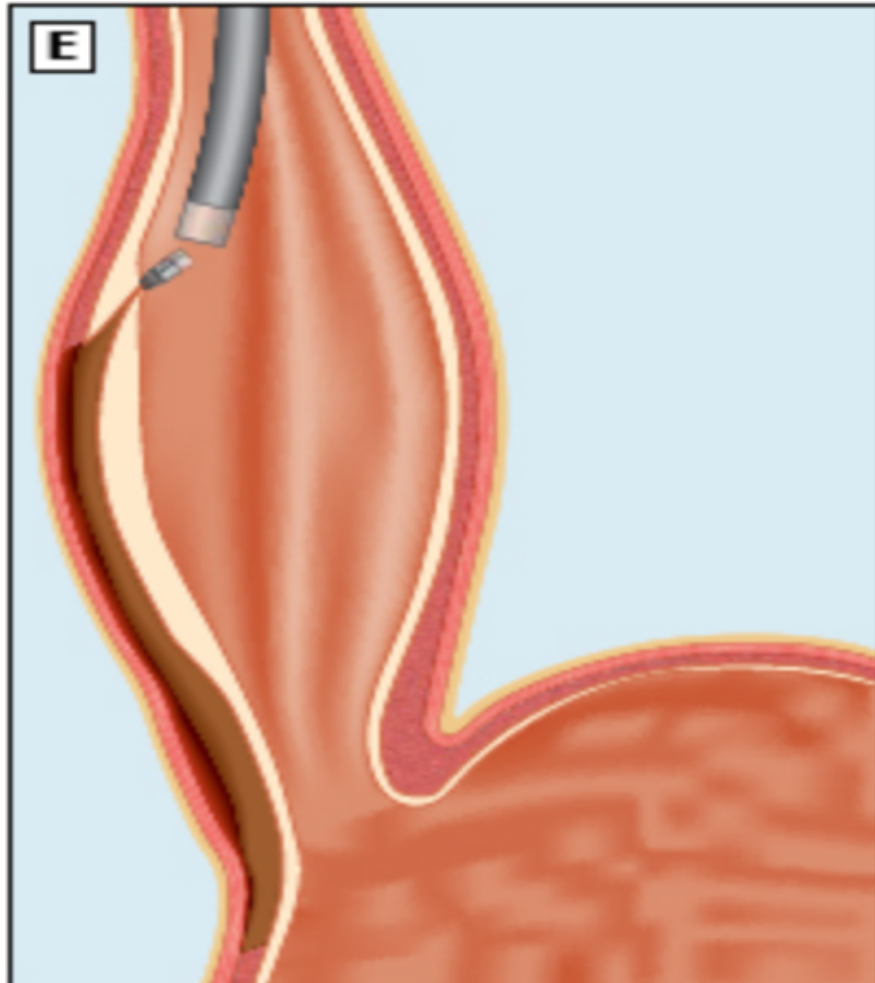
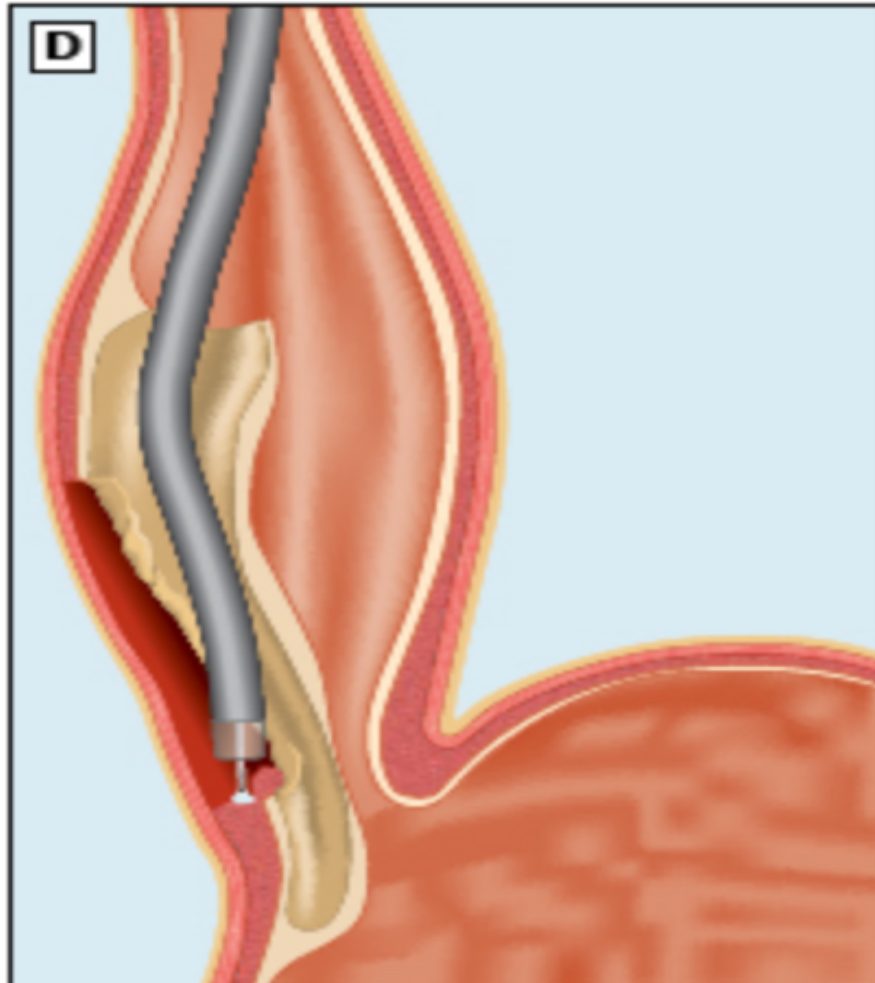
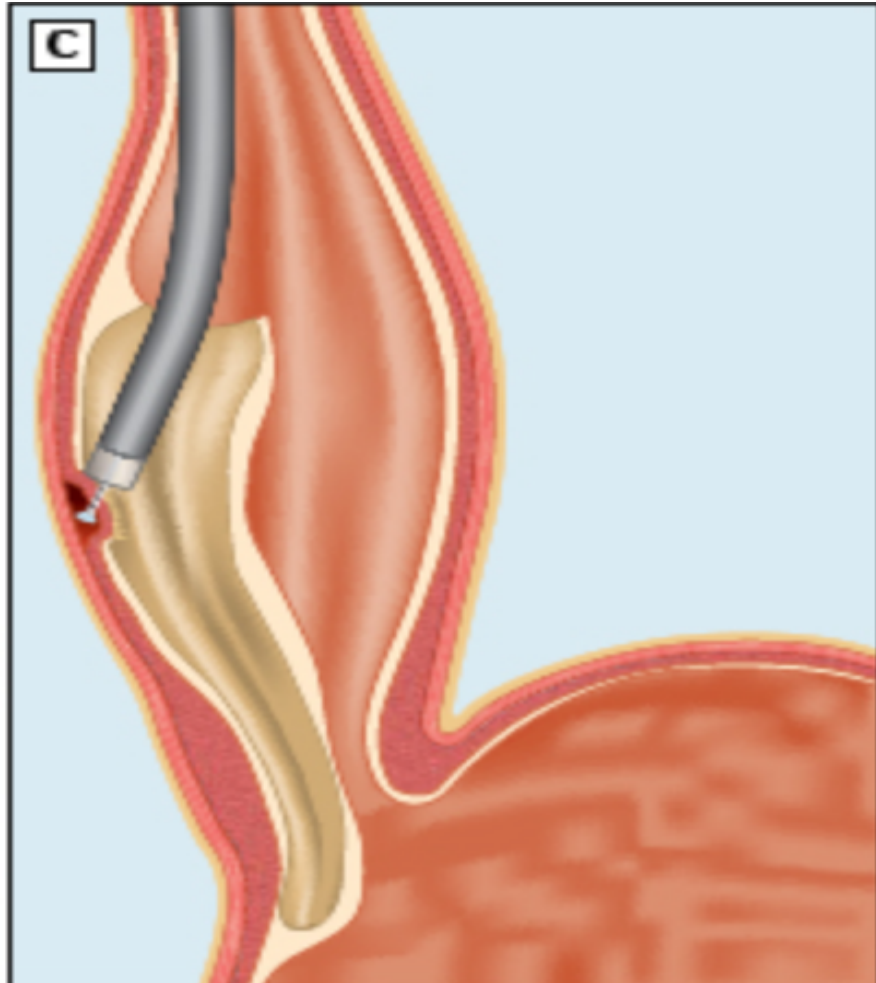
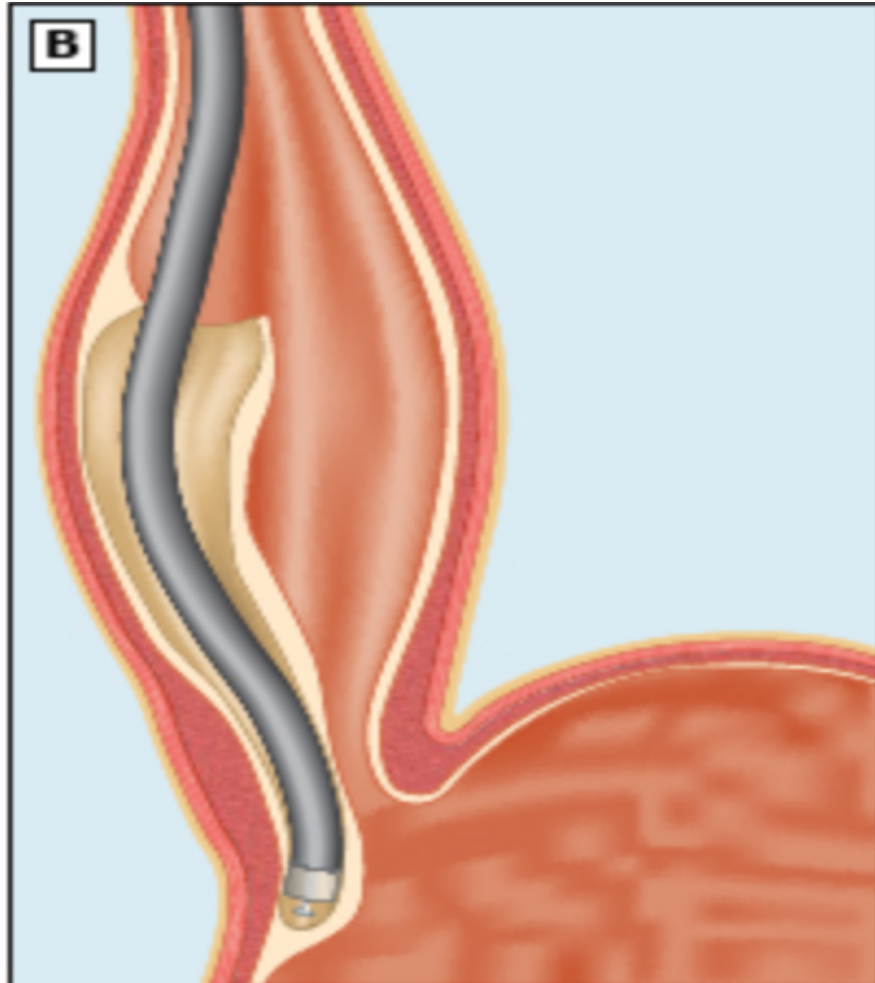
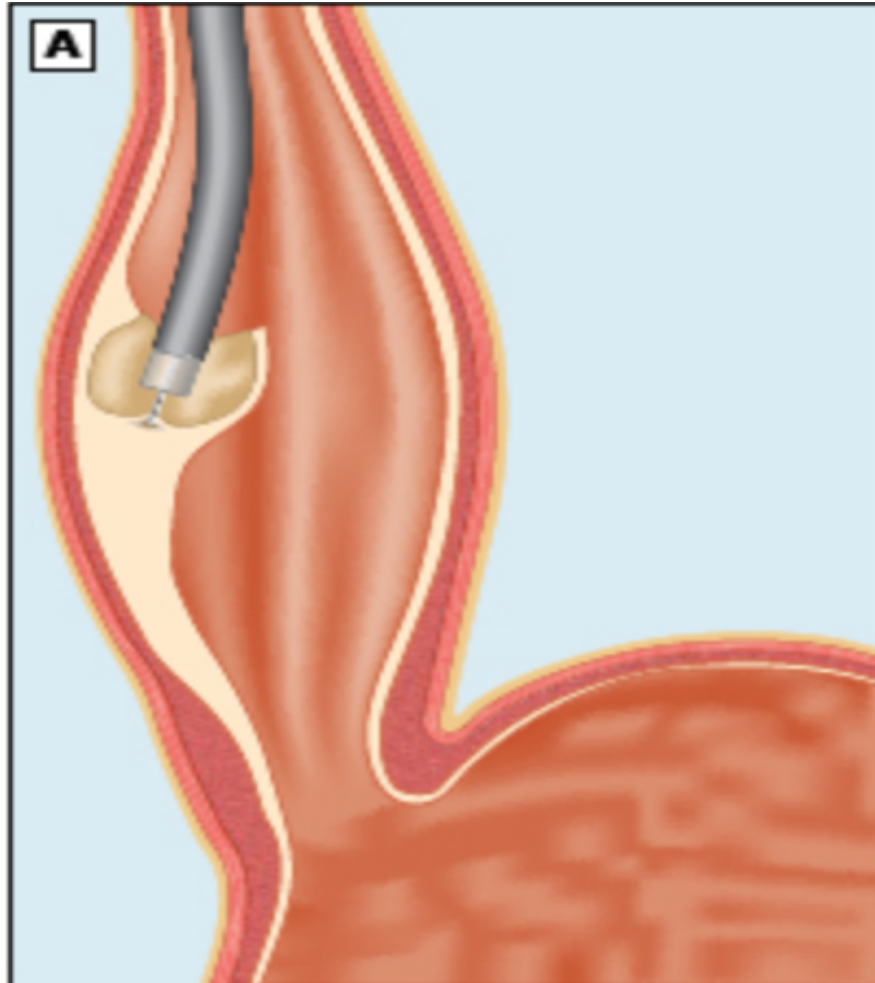


B



D





- Diffuz özofageal spazm*
 - Simultane kontraksiyon (%20 ıslak yutma)
 - Tekrarlayan-yüksek pikli kontraksiyon
 - Spontan kontraksiyon
 - Aralıklı normal peristaltizm
- Fındıkkıran özofagus
 - distalde ortalama amplitude >180 mmHg
 - Artmış ortalama kontraksiyon süresi (>7 sn)
 - normal peristaltizm sekansları
- Hipertansif LES
 - Yüksek LES basıncı (>26 mmHg)
 - Normal LES relaksasyon
 - Normal peristaltizm
- İnfektif motilite hastalığı
 - Özofageal peristaltizm amplitudunun azalması ya da olmaması
 - Artmış nontransmitted kontraksiyon sayısı

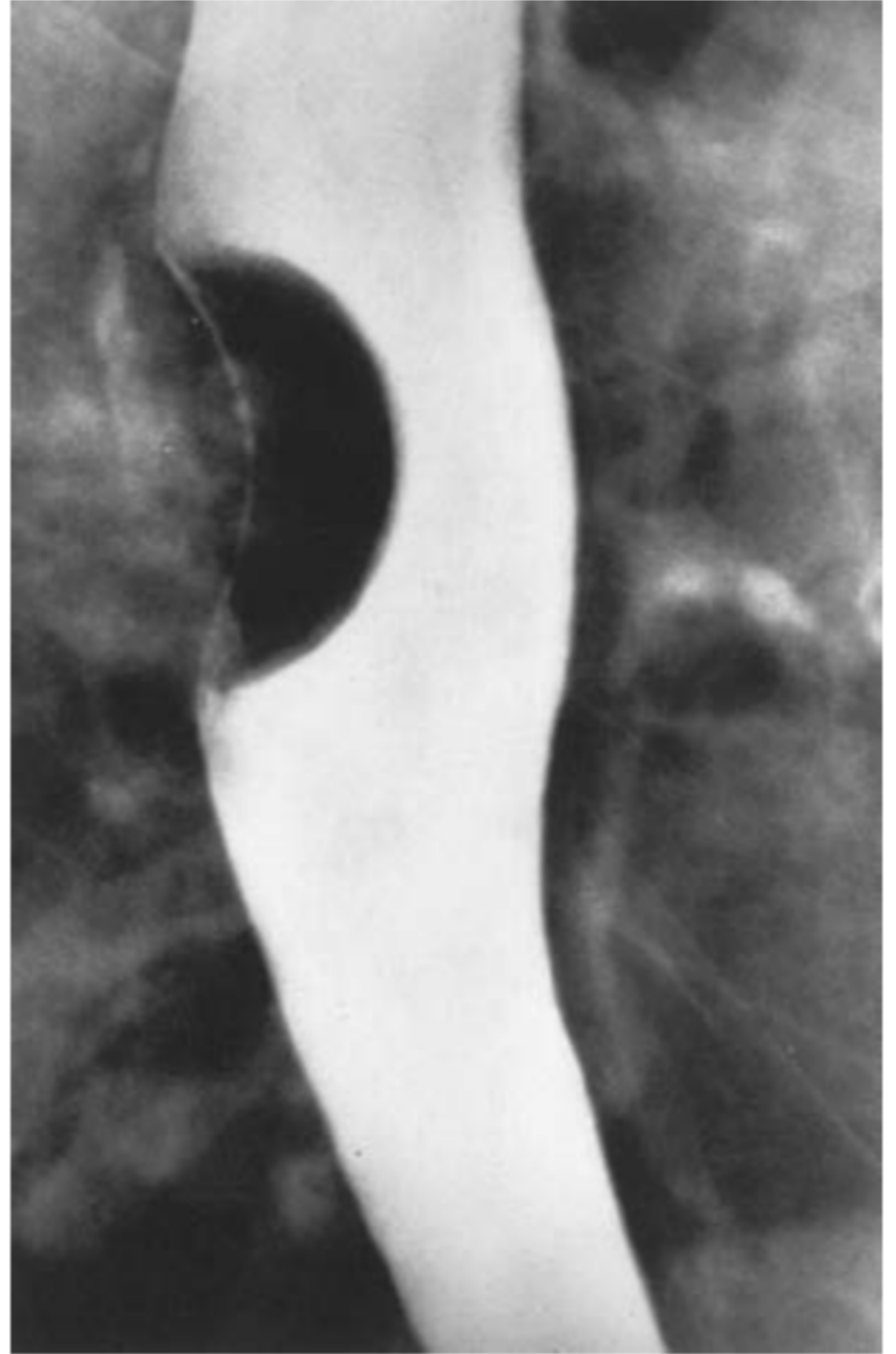


Özofagus benign hastalıkları

Leiomyom
Fibrom
Myom
Lipomyom
Lipom
Nörofibrom
Enterik kist
Bronkojenik kist

Disfaji
Ağrı
Kanama

Cerrahi enükleasyon



Özofagus malign hastalıkları

Squamoz hücreli kanser

Adenokanser

Diğer (Sarkom-Lenfoma-Adenoid kistik CA, Spindle cell CA)

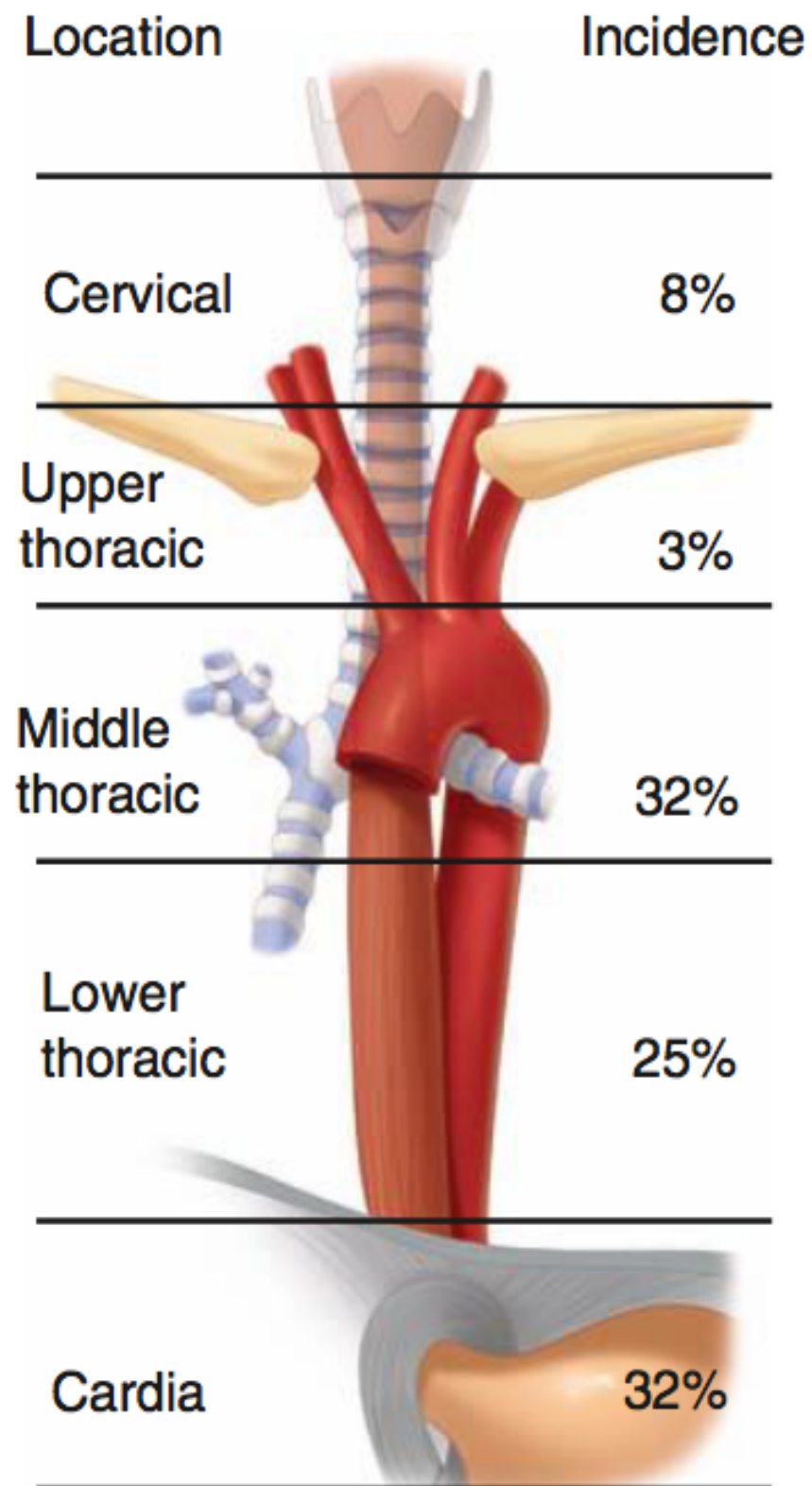
Etioloji

Squamoz hücreli kanser

- Sigara-Alkol
- Diet- düşük selenyum-Çinko eksikliği-kırmızı et tüketimi-meyve-sebze düşük tüketimi
- Sıcak sıvı
- Düşük sosyoekonomik durum
- Akalazya
- Kostik yaralanmalar
- HPV
- Gastrektomi öyküsü
- Tylosis/Howell-Evans sendromu (=hyperkeratosis)
- Bifosfonat
- Baş-boyun-akciğer kanseri öyküsü
- Kötü ağız hijyeni

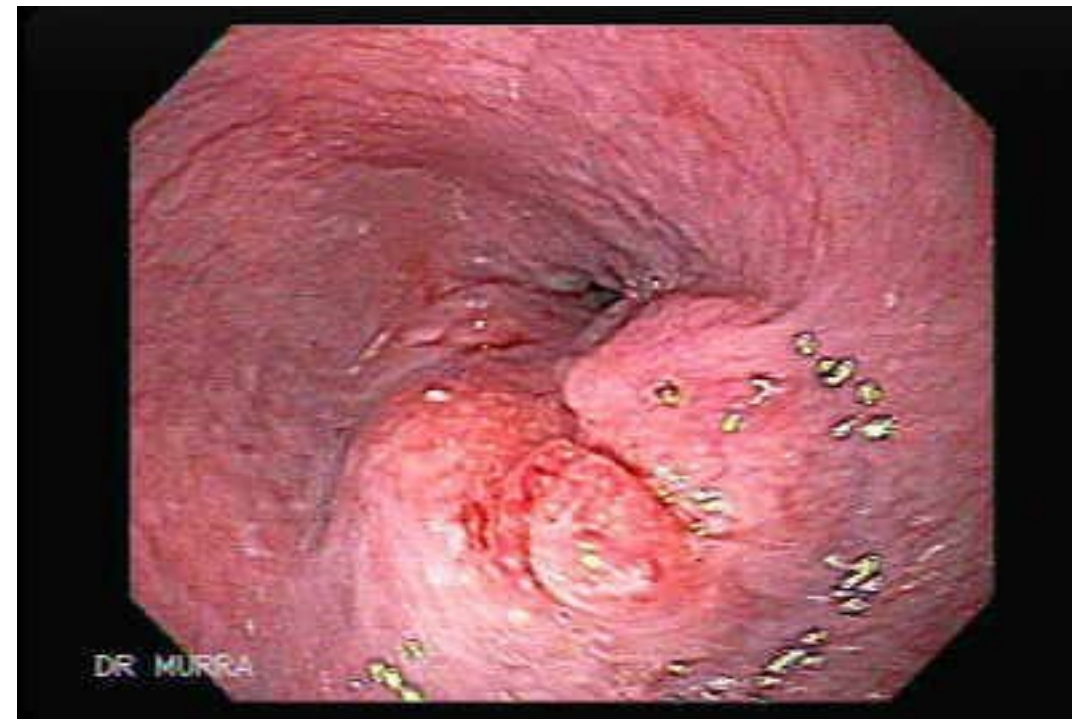
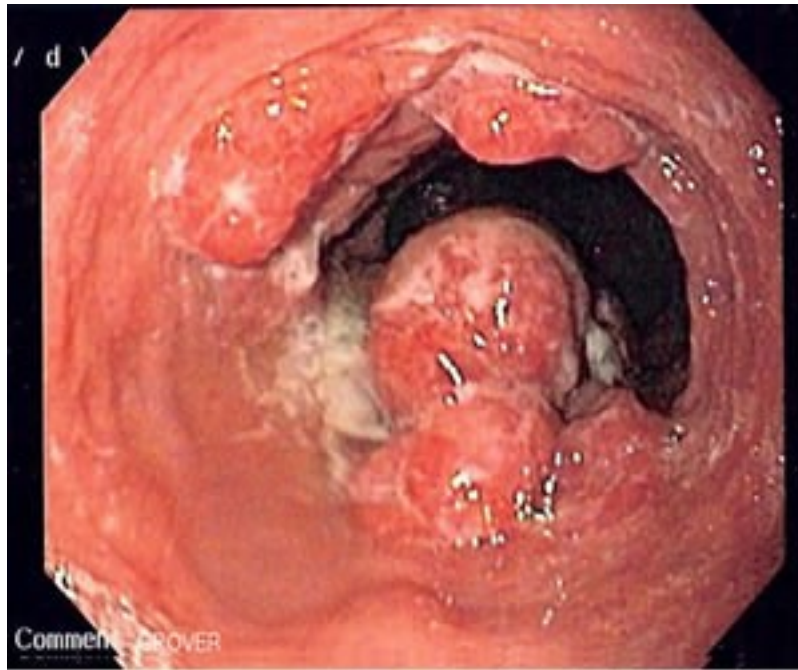
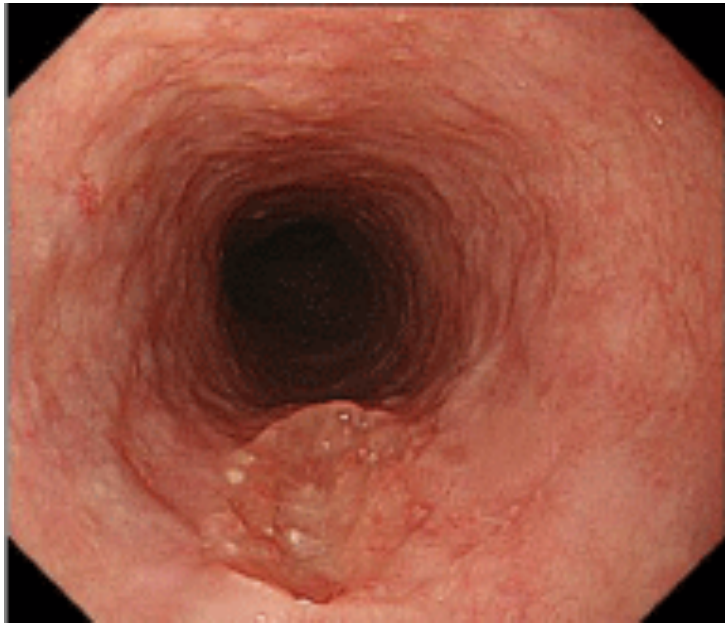
Adenokanser

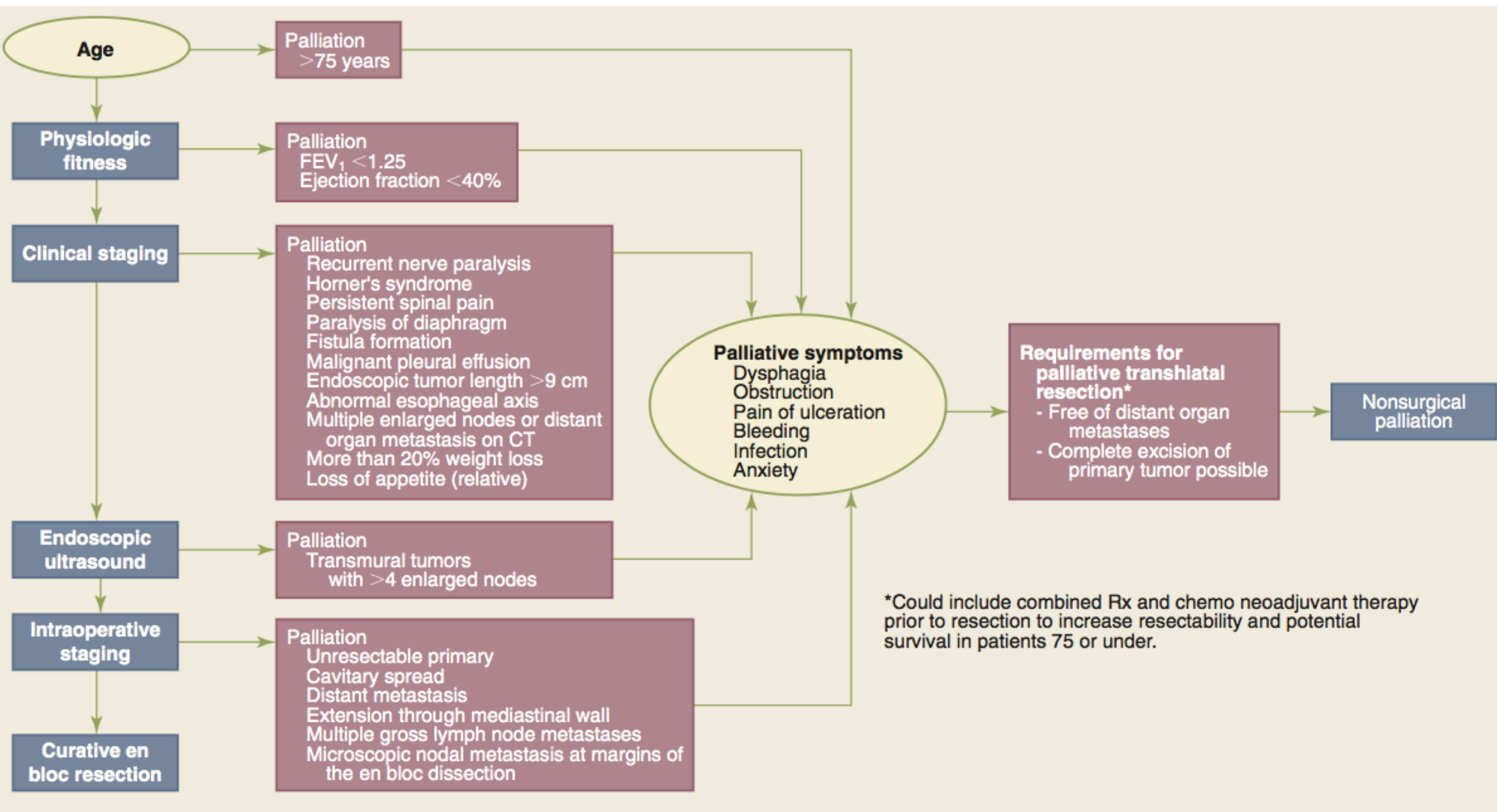
- GERH-Barrett
- Sigara-(Kırmızı şarap koruyucu?)
- Obezite-Metabolik sendrom
- EGF polimorfizm
- H.Pylori enfeksiyonu
- HPV
- Kolesistektomi
- Diet
- (NSAID koruyucu?)



- Disfaji
- Kilo kaybı
- aspirasyon
- regürgitasyon
- anemi
- ses kısıklığı
- öksürük







Evreleme

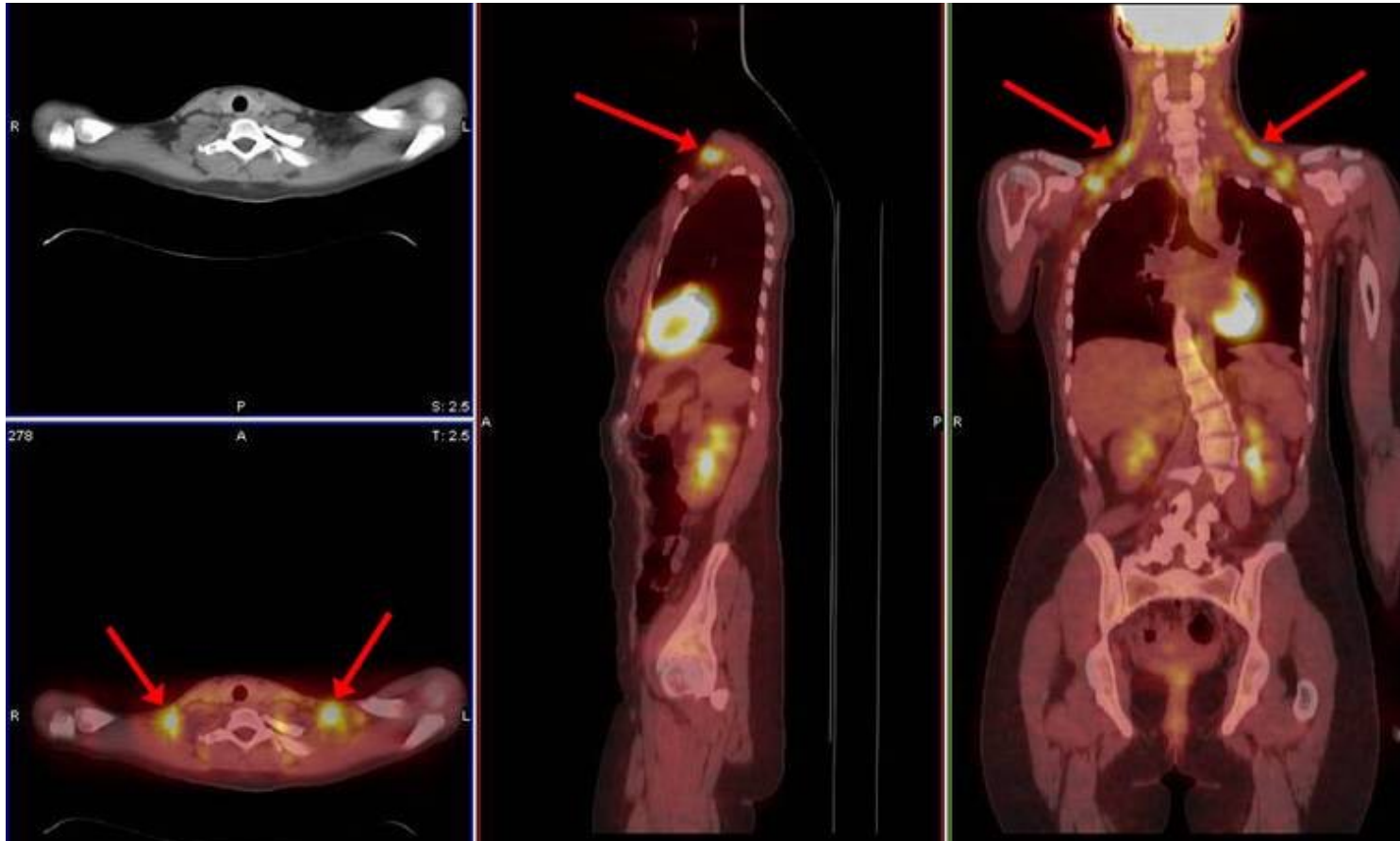
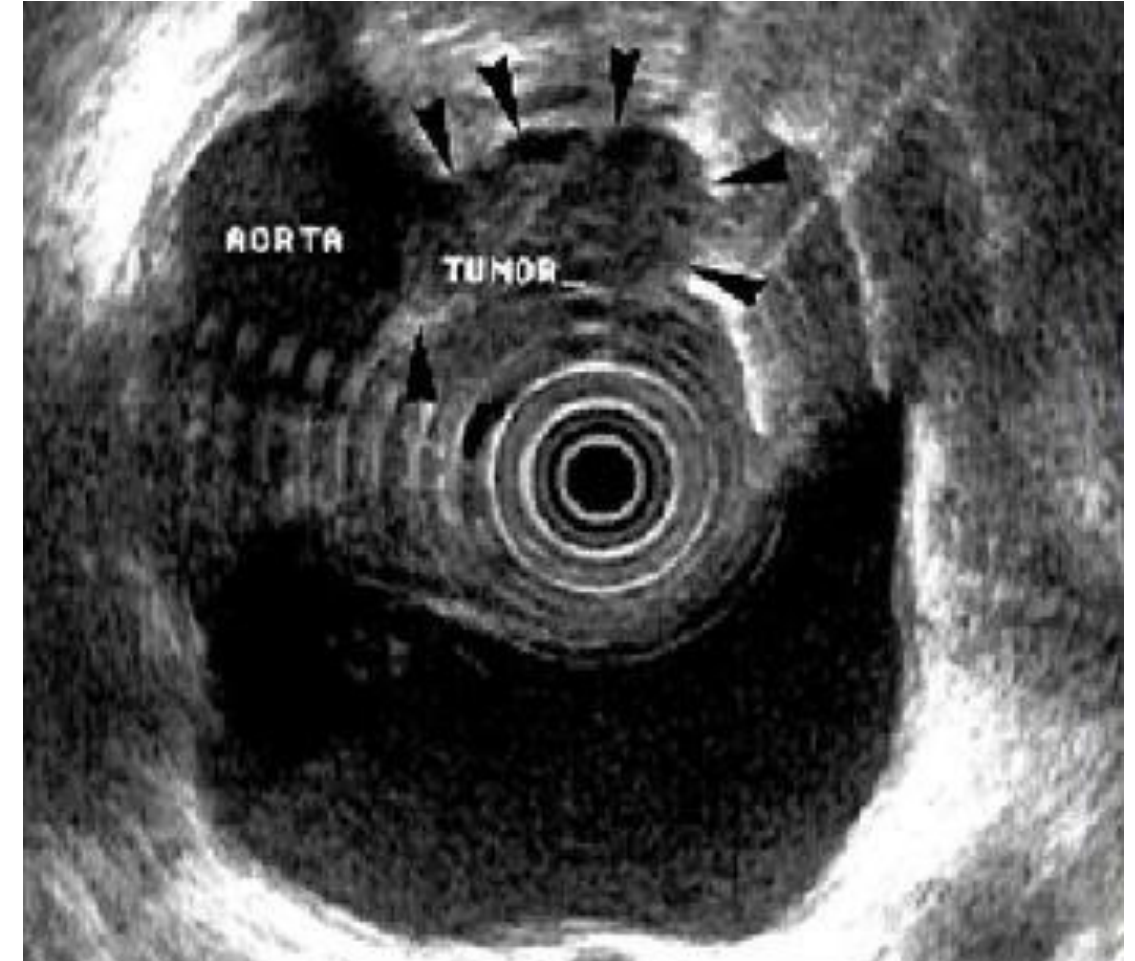
1. CT
2. EndoUSG
3. PET-CT
4. diğer...

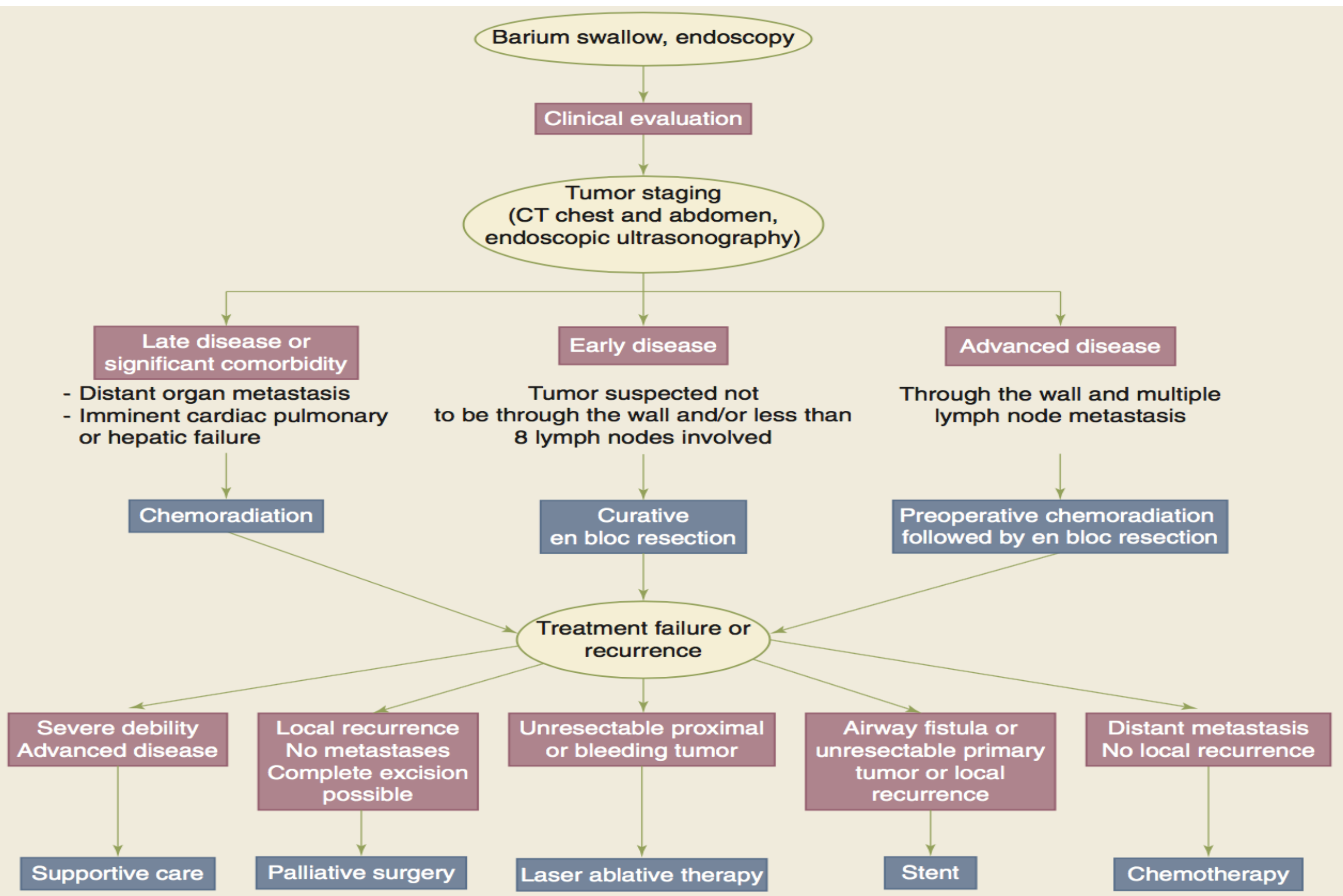
Metastaz var mı? M evresi

Lokal invazyon var mı?

T evresi?

N evresi?







Küratif tedavi

Palyatif tedavi

Schwartz Principles of Surgery

UptoDate