

# İnce barsak Cerrahi Hastalıkları

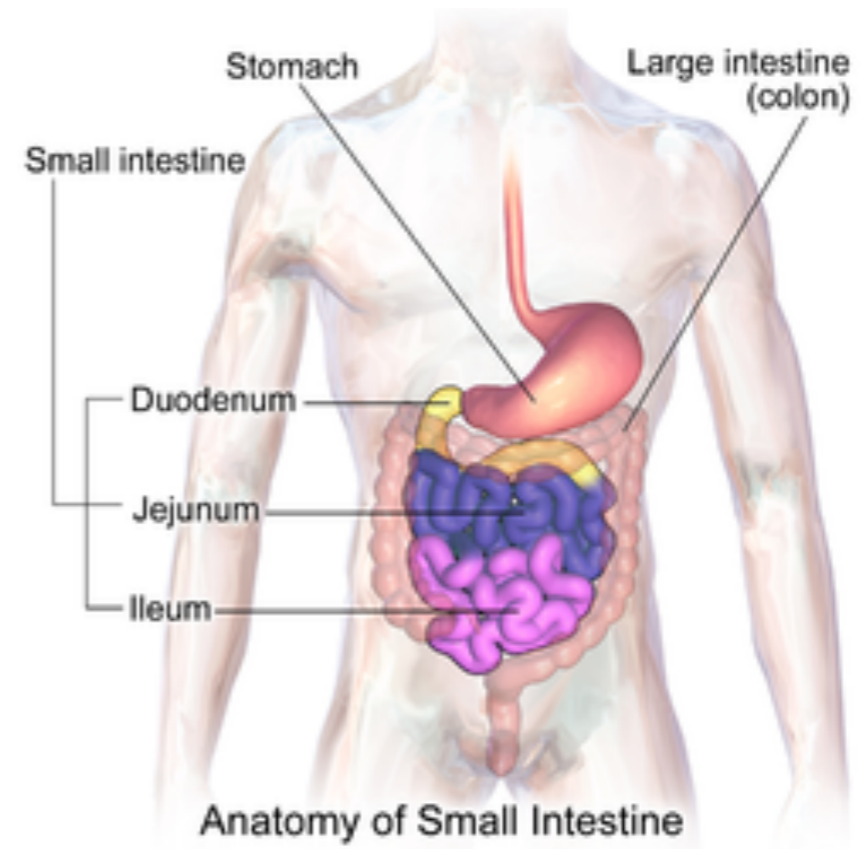
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# İnce Barsak Cerrahi Hastalıkları

- İnce barsak obstruksiyonu
- Crohn
- Fistül
- Meckel divertikülü
- Neoplaziler
- Mesenterik iskemi
- Kısa barsak sendromu

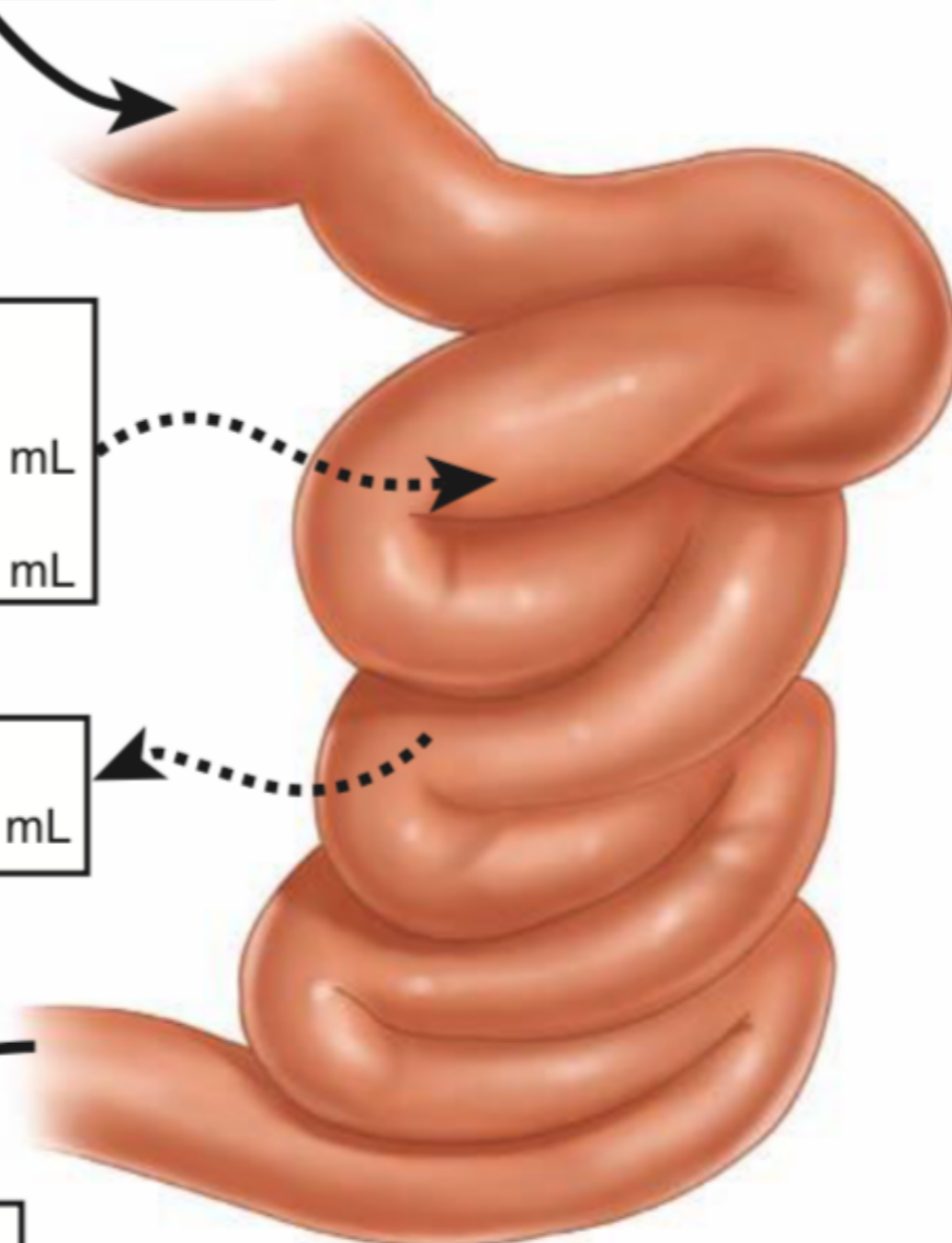


- Oral intake 2000 mL
- Saliva 1500 mL
- Gastric secretions 2500

- Bile 500 mL
- Pancreatic secretions 1500 mL
- Small intestinal secretions 1000 mL

- Small intestinal absorption 7500 mL

- 1500 mL to colon



# ince barsak obstruksiyonu

## Small bowel obstruction: common etiologies

Adhesions

Neoplasms

Primary small bowel neoplasms

Secondary small bowel cancer (e.g., melanoma-derived metastasis)

Local invasion by intra-abdominal malignancy (e.g., desmoid tumors)

Carcinomatosis

Hernias

External (e.g., inguinal and femoral)

Internal (e.g., following Roux-en-Y gastric bypass surgery)

Crohn's disease

Volvulus

Intussusception

Radiation-induced stricture

Postischemic stricture

Foreign body

Gallstone ileus

Diverticulitis

Meckel's diverticulum

Hematoma

Congenital abnormalities (e.g., webs, duplications, and malrotation)

# enterik fistul

## Factors negatively impacting enteric fistula closure

### Patient factors

- Poor nutrition
- Medications such as steroids

### Etiologic factors

- Malignant fistula
- Fistula related to Crohn's disease
- Fistula in radiated fields

### Fistula site

- Gastric
- Duodenal

### Local factors

- Persistence of local inflammation and sepsis
- Presence of a foreign body (e.g., meshes or sutures)
- Epithelialization of fistula tract
- Fistula tract <2 cm
- Distal obstruction to the fistula site

Foreign body within the fistula tract,  
Radiation enteritis,  
Infection/Inflammation at the fistula origin,  
Epithelialization of the fistula tract,  
Neoplasm at the fistula origin,  
Distal obstruction of the intestine

# Crohn hastalığı

## Indications for surgical intervention in Crohn's disease

Acute onset of severe disease:

Crohn's colitis +/- toxic megacolon (rare)

Failure of medical therapy:

Persistent symptoms despite long-term steroid use

Recurrence of symptoms when high-dose steroids are tapered

Drug-induced complications (Cushing's disease, hypertension)

Development of disease complications:

Obstruction

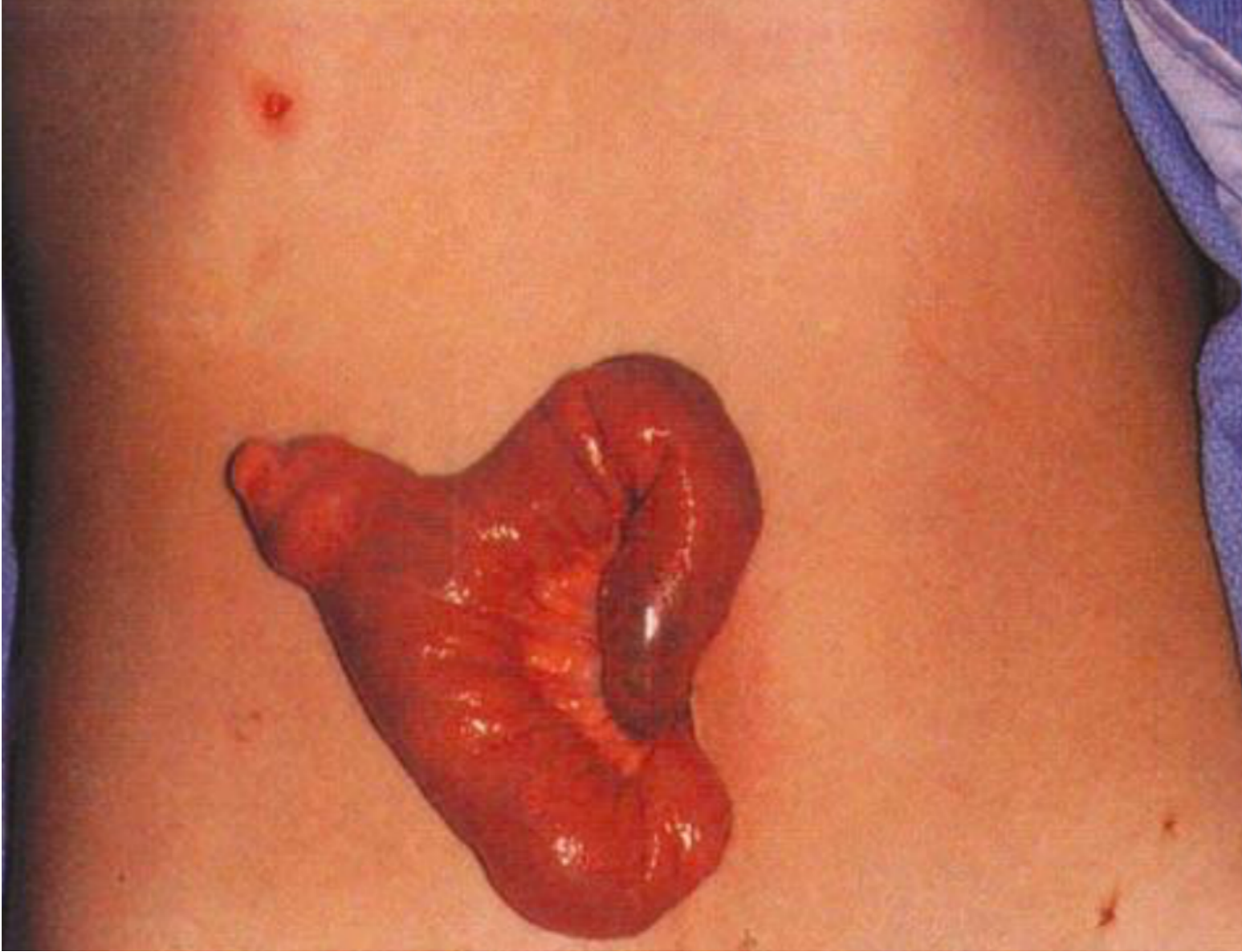
Perforation

Complicated fistulas

Hemorrhage

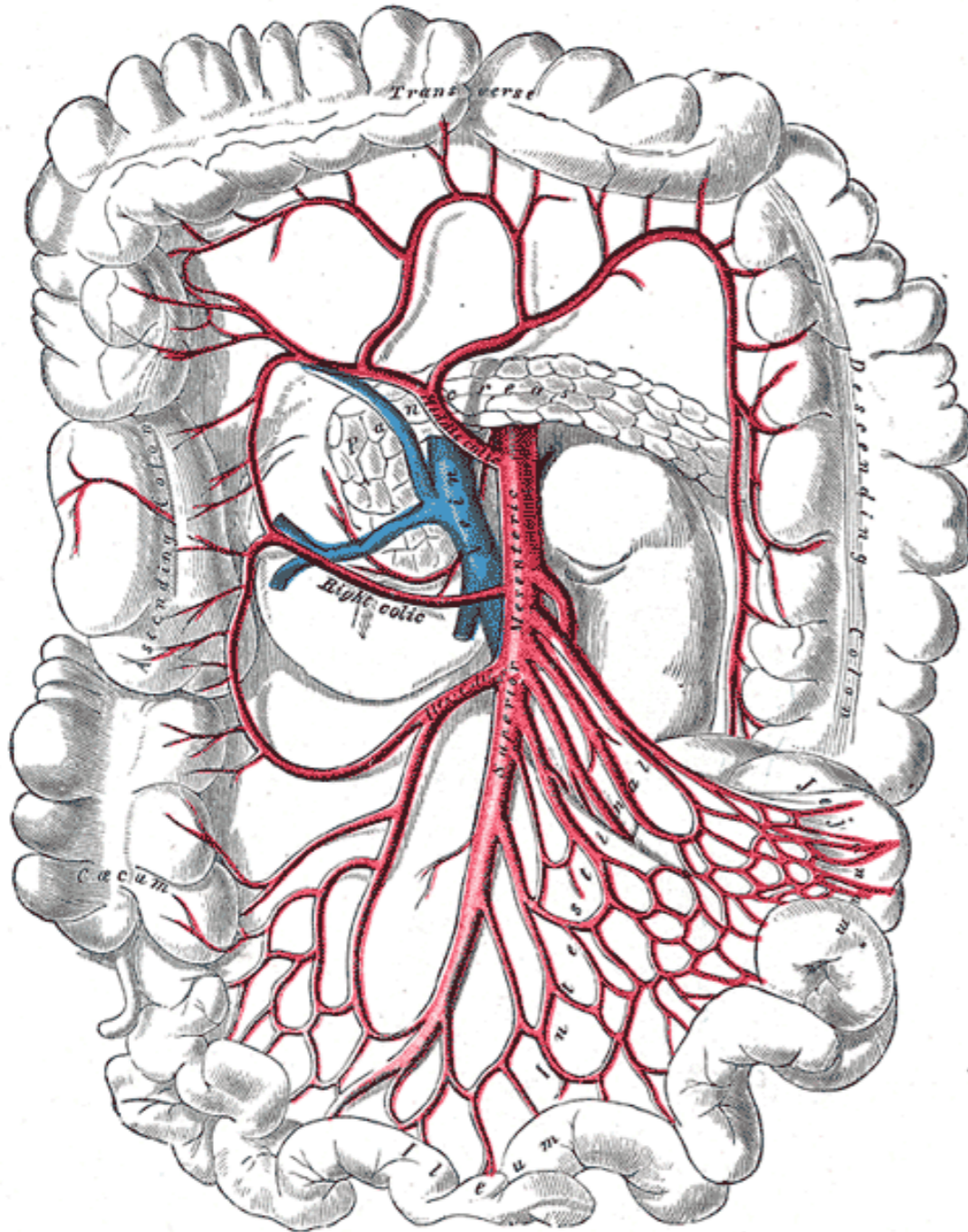
Malignancy risk

# Meckel divertikülü



- kanama
- obstruksiyon
- 2 ler kuralı

# Mesenterik iskemi



- Arter embolisi
- Arter trombozu
- NOMI-vazospazm
- Ven trombozu



# Benign tm

- 30-50%
- adenom\*
- fibrom
- lipom
- hemanjiom

# Malign tm

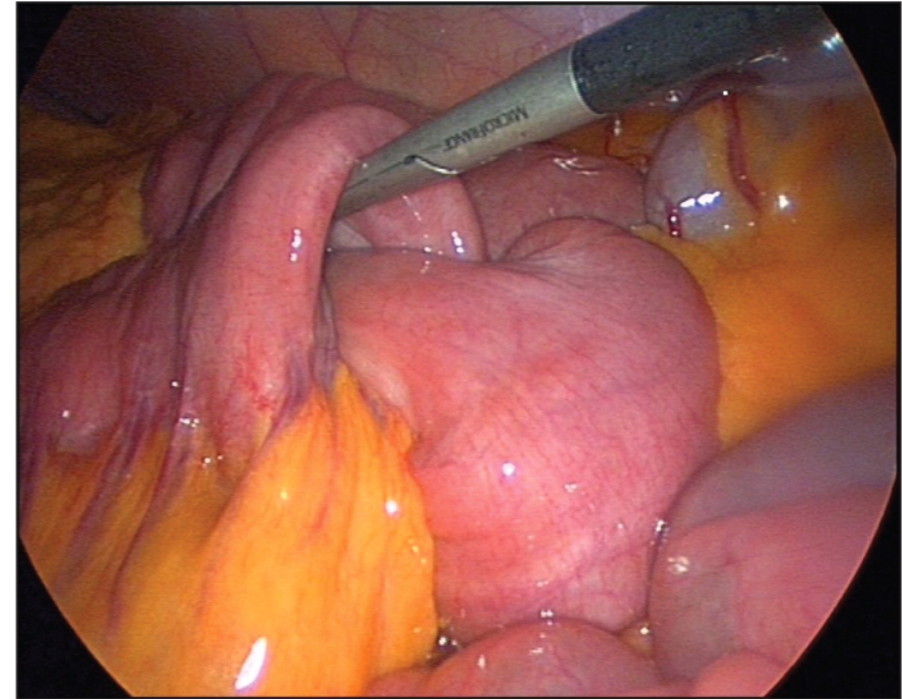
- Adenokanser
- Karsinoid
- Lenfoma
- GIST
- Metastaz

**Features of small-intestinal malignancies**

TUMOR TYPE	CELL OF ORIGIN	FREQUENCY <sup>a</sup>	PREDOMINANT SITE
Adenocarcinoma	Epithelial cell	35%–50%	Duodenum
Carcinoid	Enterochromaffin cell	20%–40%	Ileum
Lymphoma	Lymphocyte	10%–15%	Ileum
GIST	?Interstitial cell of Cajal	10%–15%	—

<sup>a</sup>Frequencies given as percentages of small intestinal malignancies comprised by each of the tumor types. Gastrointestinal stromal tumors (GISTs) display no regional variation in prevalence within the small intestine.

- palpable kitle 25%
- intestinal obstruksiyon 25%
- GGK +
- ishal-flushing-taşikardi



Small bowel resection

