

AKUT KARIN

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AKUT KARIN :Acil
laparotomiyi/laparoskopiye
gerektiren, intraabdominal bir
hastalığın sebep olduđu, akut
karın ağrısı ile karakterize klinik
tablodur.

Akut Abdominal Ağrı

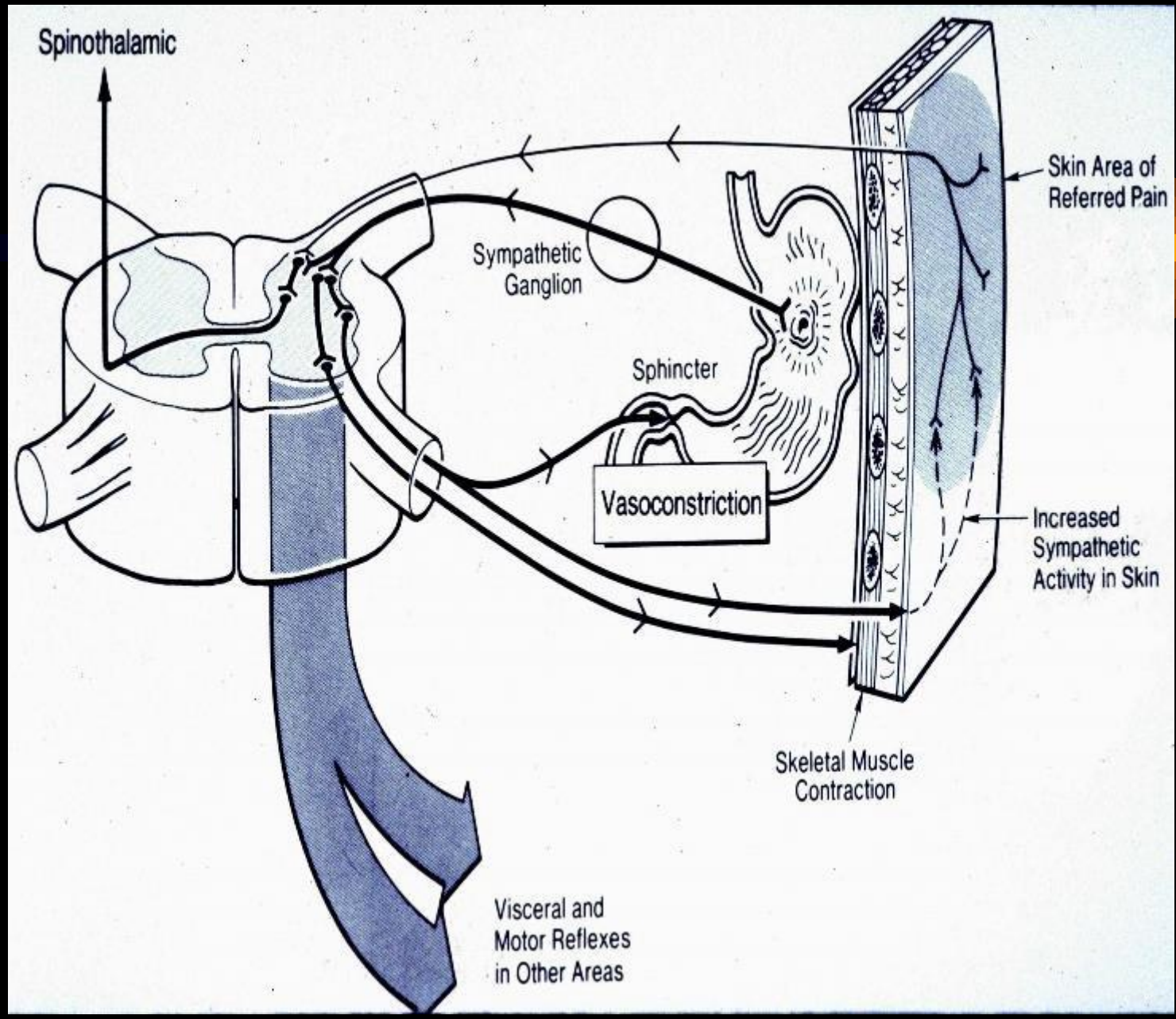
- Daha önce tanı konmamış, 7 günden kısa bir süredir (genellikle 48 saatten az) var olan karın ağrısıdır.
- Cerrahi bir intraabdominal hastalık olabileceği gibi cerrahi dışı nedenlerle de olabilir.
- Genellikle 6 saati geçen ağrılar cerrahi bir nedene bağlıdır.
- Esas sorun cerrahi bir girişim gerekli midir?

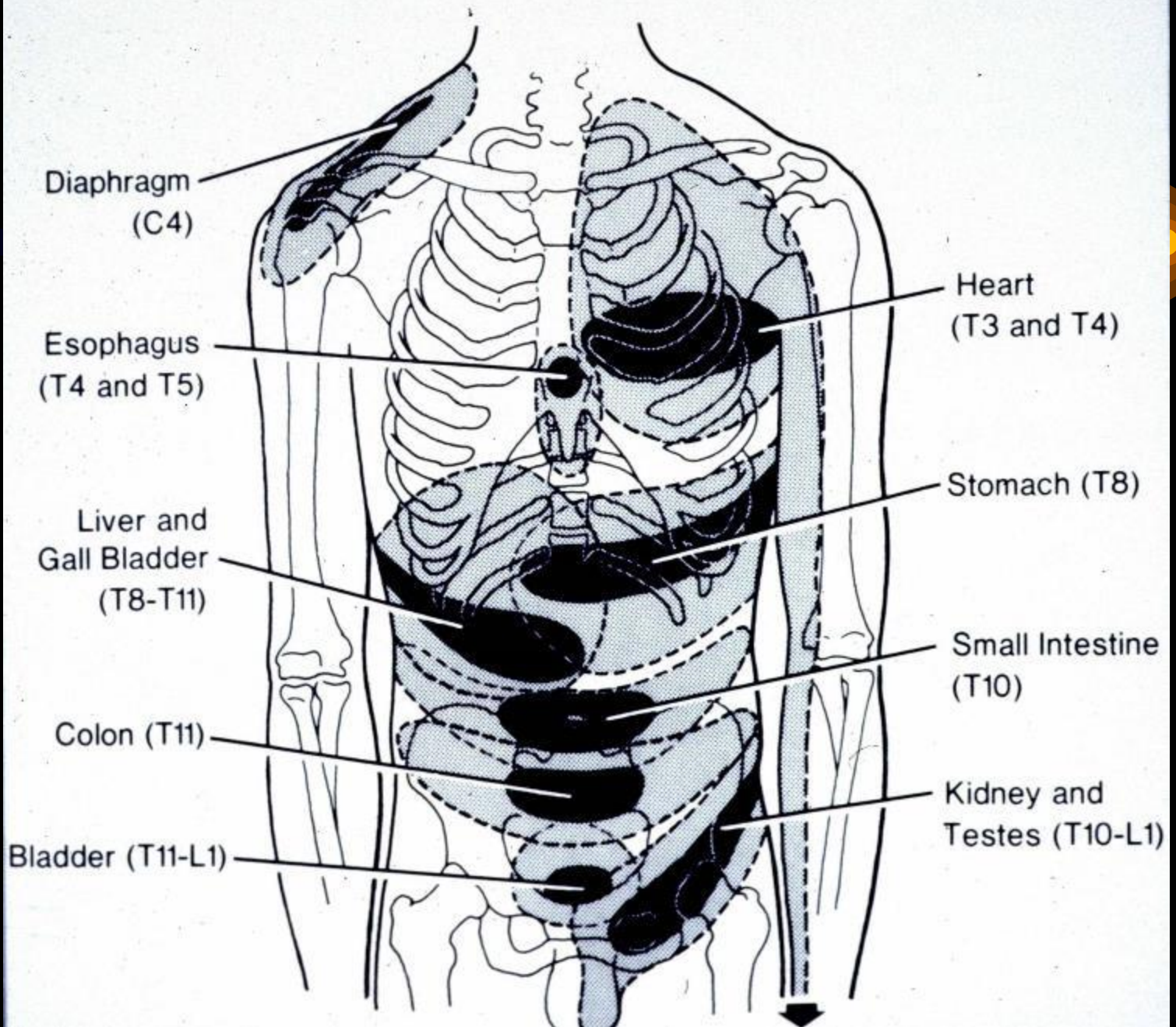
Ağrının Üç Tipi

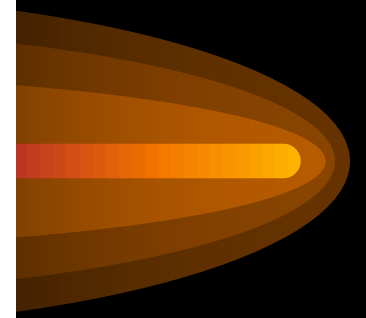
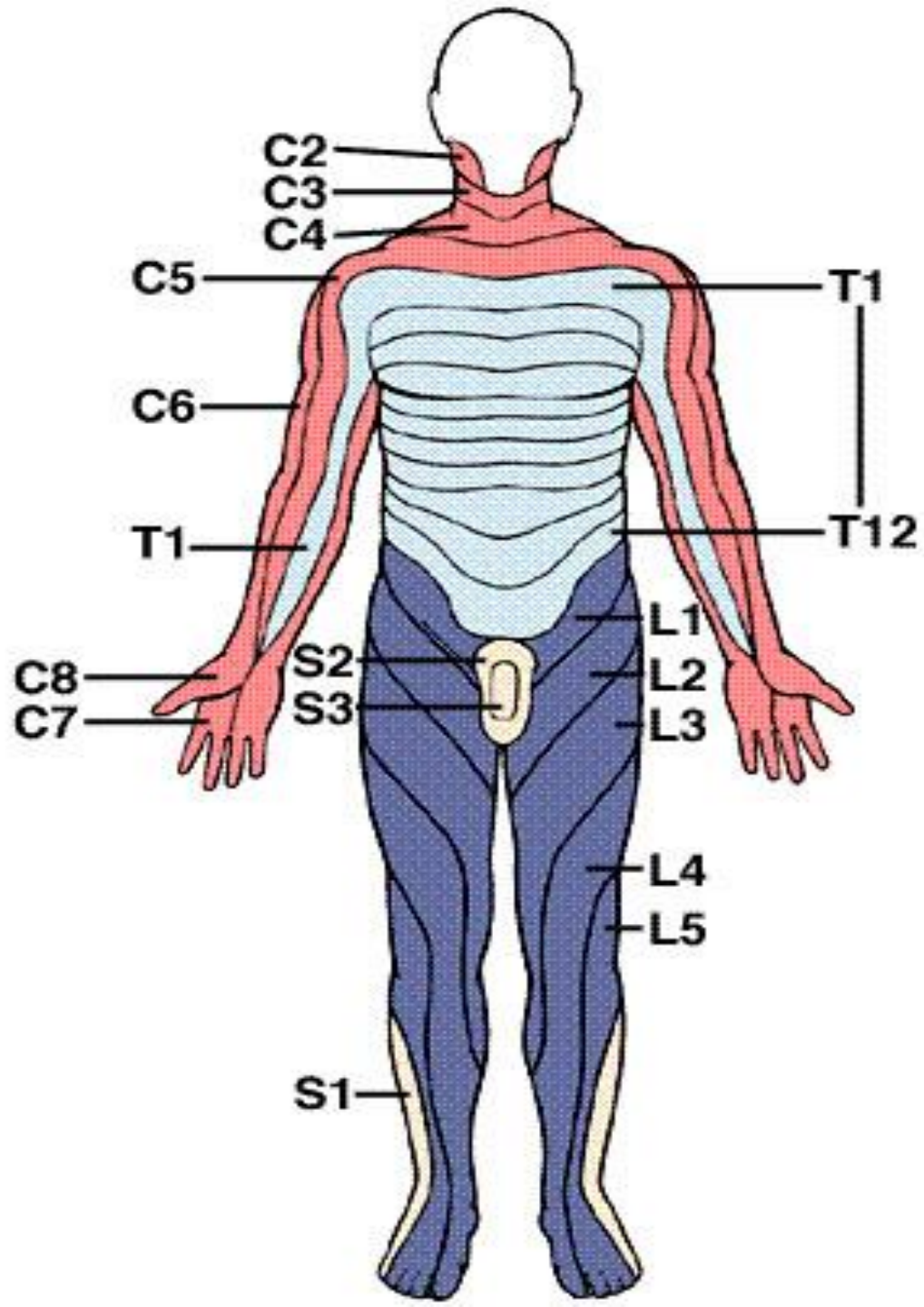
- Visseral
- Somatik
- Yansıyan

Visseral Ağrı

- Otonom sinir sistemi ile iletilen ağrıdır. Organın uzağında duyulabilir ve yayılabilir.
- Solma, soğuk terleme ve hipotansiyon gibi vazomotor reflekslerle beraber olabilir.
- Organ—afferent lifler—MS—Beyin---MS---arka kök ---dermatom(her köke tekabül eden deri kuşağı)**TALAMUSTA ALGILANIR**
- İç organlardan gelen uyarımlar deri ağrısını ileten lifleri ortak kullanır ve dolayısıyla ağrı o bölge cildinde hissedilir.





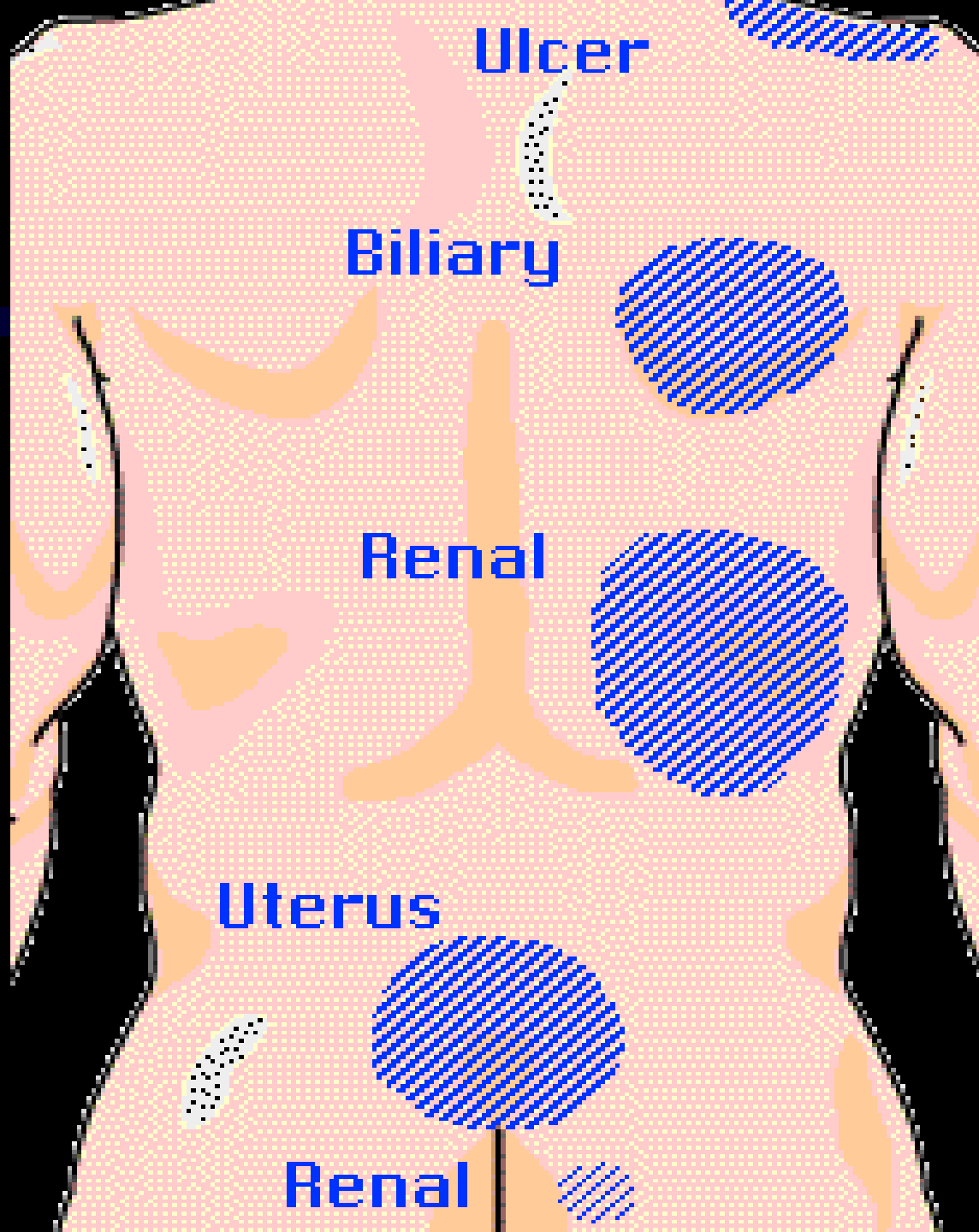


Somatik Ağrı

- Kafa çiftleri ve MS'den etrafa giden duyu sinirlerinin ilettiği ağrıdır. **BEYİN KORTEKSİNDE ALGILANIR**
- Sadece tahrişin olduğu yerde hissedilir, yayılma göstermez.
- Pariyetal peritondaki spinal sinirlerin tahrişi ile uyanan ağrı, lokalize ağrıdır.(Apendisitteki sağ fossa iliakaya lokalize olmuş ağrı, divertikülitteki lokalize ağrı...)

Yansıyan Ağrı

- Ağrı kaynağın olduğu yerden uzakta hissedilir.
- Epigastrik ağrı inferior Miyokardial infarkt nedeniyle olabilir.
- Sol omuz ağrısı dalak rüptürü habercisi olabilir (Kehr belirtisi)



Ulcer

Biliary

Renal

Uterus

Renal

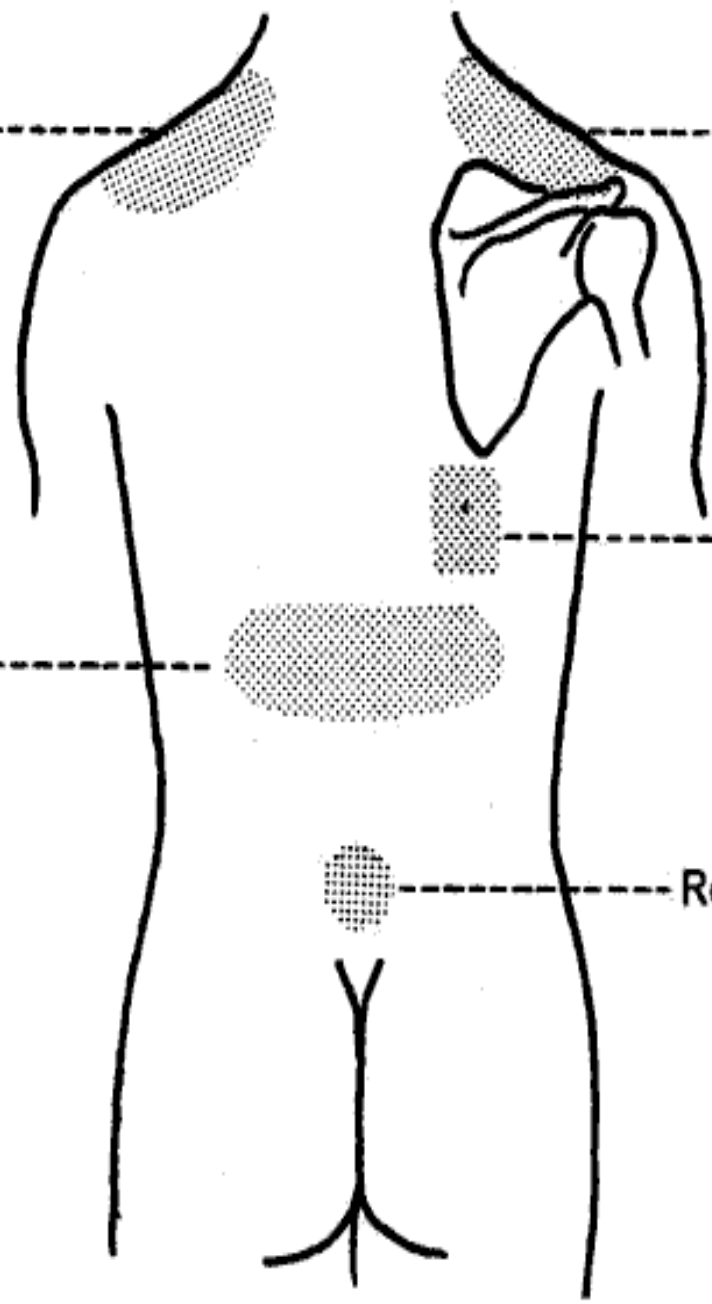
Central Left
Diaphragm

Liver, Hepatic Ligs.,
Central Right Diaphragm

Gall Bladder

Pancreas

Rectum



Ađrı Desenleri

- İnflamatuvar ađrı
 - kolik ađrı
 - iskemik ađrı
 - perforan ađrı
 - birleřik ađrı

Akut Karınlı Hastaya Yaklaşım

*Geniş ve detaylı bir hikaye(özellikle ağrının karakteri, başlangıç zamanı, şekli, yayılımı, ek hastalığı olup olmadığı...) Hastanın yaş, cins, meslek, alışkanlık, gebelik, adet durumu gibi özellikleri çok önemlidir.

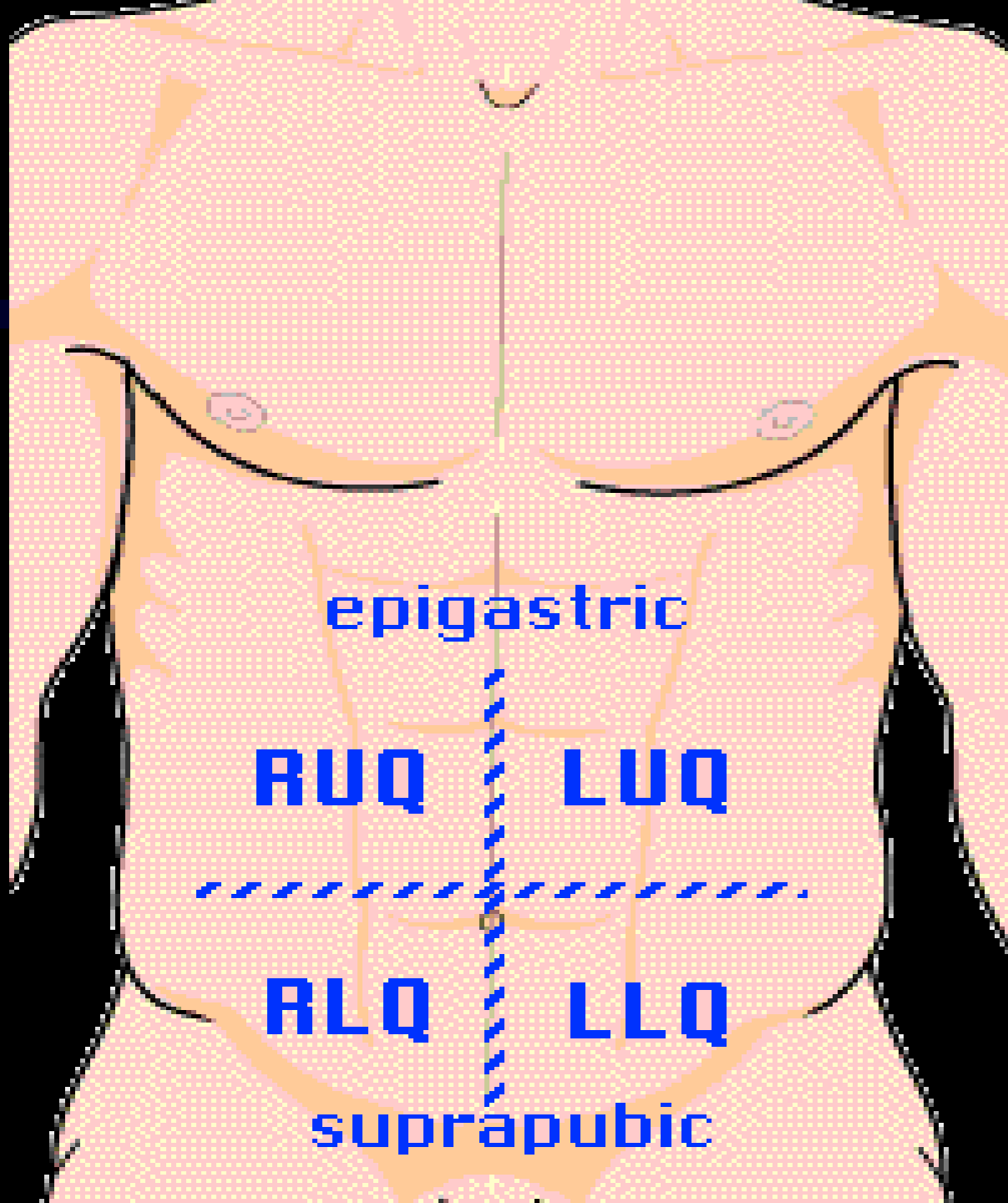
*Metodolojik bir fizik muayene(inspeksiyon, oskültasyon, perküsyon, palpasyon)

*Uygun laboratuvar/radyolojik tetkikleri

*Ayırıcı tanıda düşünülecek hastalıklar

*Cerrahi gerekli mi, gözleyelim mi, tanı nedir, medikal tedavi mi?**KARAR**

Question	Potential Responses and Indications
Did the pain recently start or has it occurred for weeks, months, or years?	<p>Chronic: Mild chronic discomfort localized to one area (perforated duodenal ulcer or perforated diverticulum)</p> <p>Acute: Recurrent attacks of severe colic (gallstones, kidney stones, mild intestinal obstruction caused by a benign tumor, such as a carcinoid)</p>
Was the onset sudden?	<p>Sudden: Sudden pain severe enough to cause fainting (perforated ulcer, acute pancreatitis, ruptured aneurysm, ruptured ectopic pregnancy in women)</p> <p>Less sudden: Crampy pain followed by severe steady pain (strangulating intestinal obstruction)</p>
How long has the pain lasted?	Pain stopped before the physical examination (biliary or renal colic); pain of severe onset that subsided and then increased (perforated peptic ulcer with potential peritonitis)
How severe is the pain?	Severe pain (perforation of a viscus into the peritoneal cavity, ruptured aortic aneurysm); pain that is more severe than physical findings warrant (mesenteric arterial or venous thrombosis, embolism)
Where is the pain?	Epigastric pain (stomach, duodenal, intestinal, gallbladder, or pancreatic pain); epigastric pain that shifts to the right lower quadrant (appendicitis); pain over the kidney (renal complications); testicular pain (testicular torsion)
Does the pain travel to any other part of the body?	Right scapula (gallbladder pain); left shoulder region (ruptured spleen, pancreatitis); pubis or vagina (renal pain); midback (ruptured aortic aneurysm)
What is the pain like?	Severe, knifelike pain, especially associated with shock (an emergency); burning pain (peptic ulcers); acute waves of sharp constricting pain that "takes the breath away" (renal or biliary colic); tearing pain (dissecting aneurysm); ache (appendicitis); dull ache in the region of the kidney (pyelonephritis); colicky pain that becomes steady (appendicitis, strangulating intestinal obstruction, a very serious vascular accident)
What relieves the pain?	Antacids (peptic ulcer disease); walking (biliary colic); lying as quietly as possible (peritonitis)
What other symptoms occur with the pain?	Vomiting precedes pain and is followed by diarrhea (gastroenteritis); severe vomiting precedes intense epigastric, left chest, or shoulder pain (emetic perforation of the intra-abdominal esophagus); vomiting occurs once or twice per hour after the onset of pain (appendicitis); delayed vomiting (acute intestinal obstruction; the delay increases with a lower site of obstruction)



epigastric

RUQ

LUQ

RLQ

LLQ

suprapubic

Karın Muayenesinde Patolojik Bulgular

- İnspeksiyon: Distansiyon, asimetri, insizyon skarları?Renk deęişiklięi(sarılık), şişlik(umbilikal fitik gibi), Grey Turner belirtisi (akut hemorajik pankreatit)
- Oskültasyon: Barsak sesleri?Hipoaktif-hiperaktif-normoaktif-mezar sessizlięi, Metalik ses=tınlama, üfürüm, klopotaj

Karın Muayenesinde Patolojik Bulgular-2

- Perküsyon: Kc matitesinin yerini timpanikses=ülser perforasyonu, kutanöz hiperestezi, sağ üst kadranda ağrı=kolesisit, distandü karında yaygın timpanizm=sigmoid volvulus,obstrüksiyon....
- Palpasyon: Ağrı, hassasiyet, rebound, defans, rijidite, rovsing, HM, SM, asit varlığı,kitle (abse,tm vs.)Murphy bulgusu, Courvoisier bulgusu...

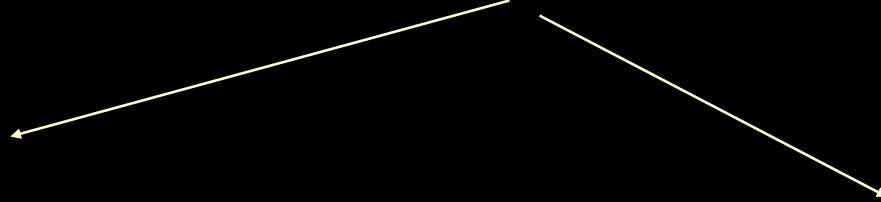
Karın Ağrısı



Bir haftadan kısa süreli



Akut karın ağrısı



Rijidite var

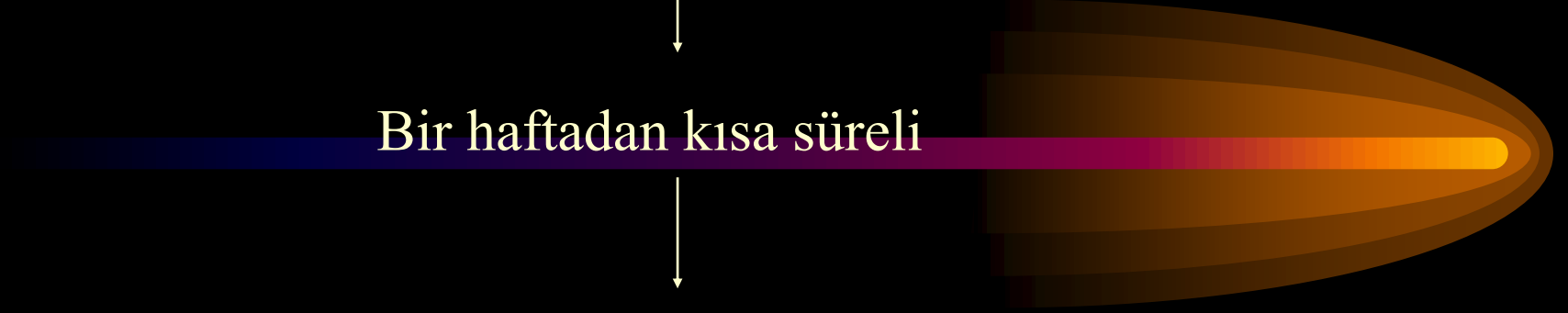


Cerrahi girişim
endikedir

Rijidite yok



Tanı sürecine
devam edilmelidir



Laboratuvar/Radyoloji

- Tam kan (lökositoz, anemi, trombositopeni..)
- Sedimentasyon
- Kan biyokimyası
- Tam idrar (TİT)
- Direkt karın, yatarak karın, DÜS grafileleri
- US
- BT

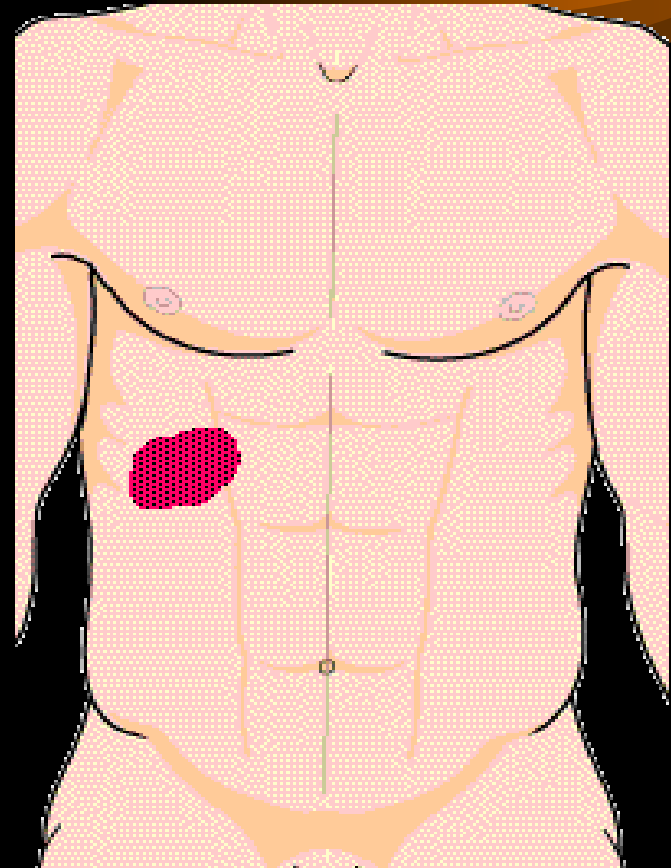
Diagnostik Peritoneal Lavaj



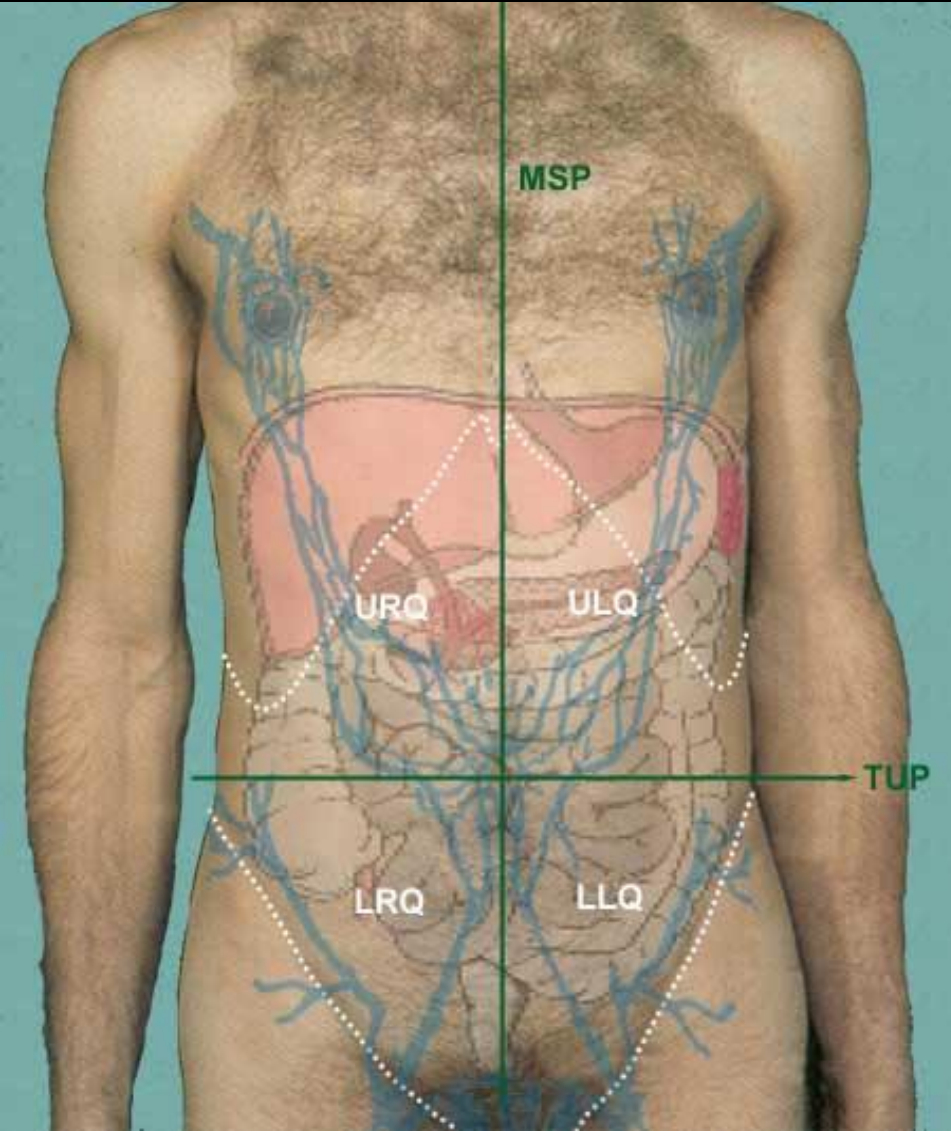
- 5ml den fazla kan aspire edilirse DPL pozitiftir.
- 1000ml Ringer Laktat verilir ve geri alınır.
- Geri alınan sıvıda **100.000/mm³'den fazla eritrosit**, **500/mm³ den fazla lökosit**, **amilaz 200 U/dl'den fazla** ise, mikroskobide **bakteri** ve **bitki lifleri** varsa, sıvı **safralıysa** DPL pozitiftir.

Sağ Üst Kadran Ağrısı

- Akut kolesistit ve biliyer kolik
- Akut hepatit
- Perfore duodenal ülser
- Sağ alt lob pnömonisi
- Hepatik abse
- Renal kaynaklı (taş,abse,nefrit)
- MI,Herpes Zoster,Perikardit
- İntestinal obst.
- Gastrit,duodenit,P.Ülser



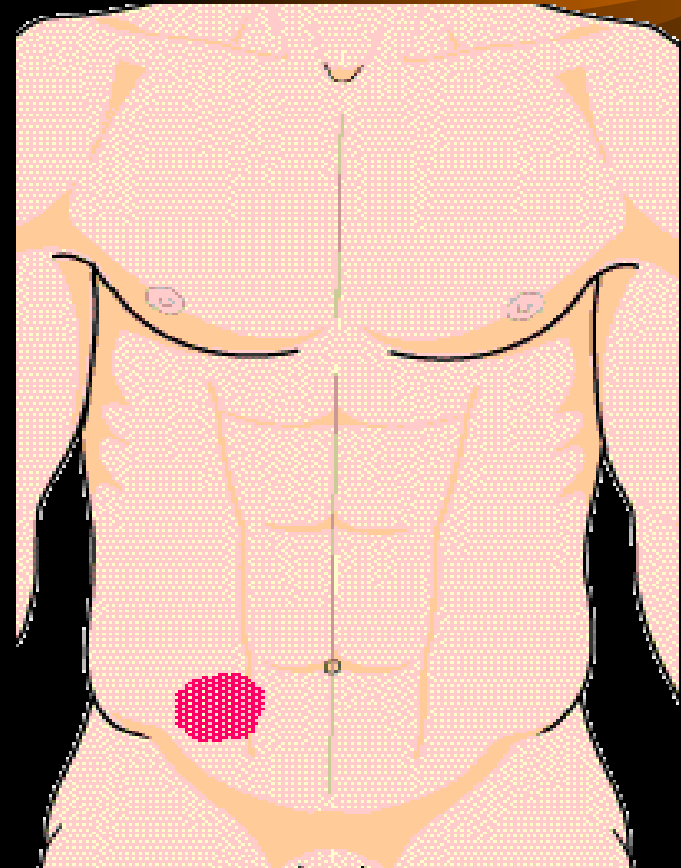
Sol Üst Kadran Ağrısı



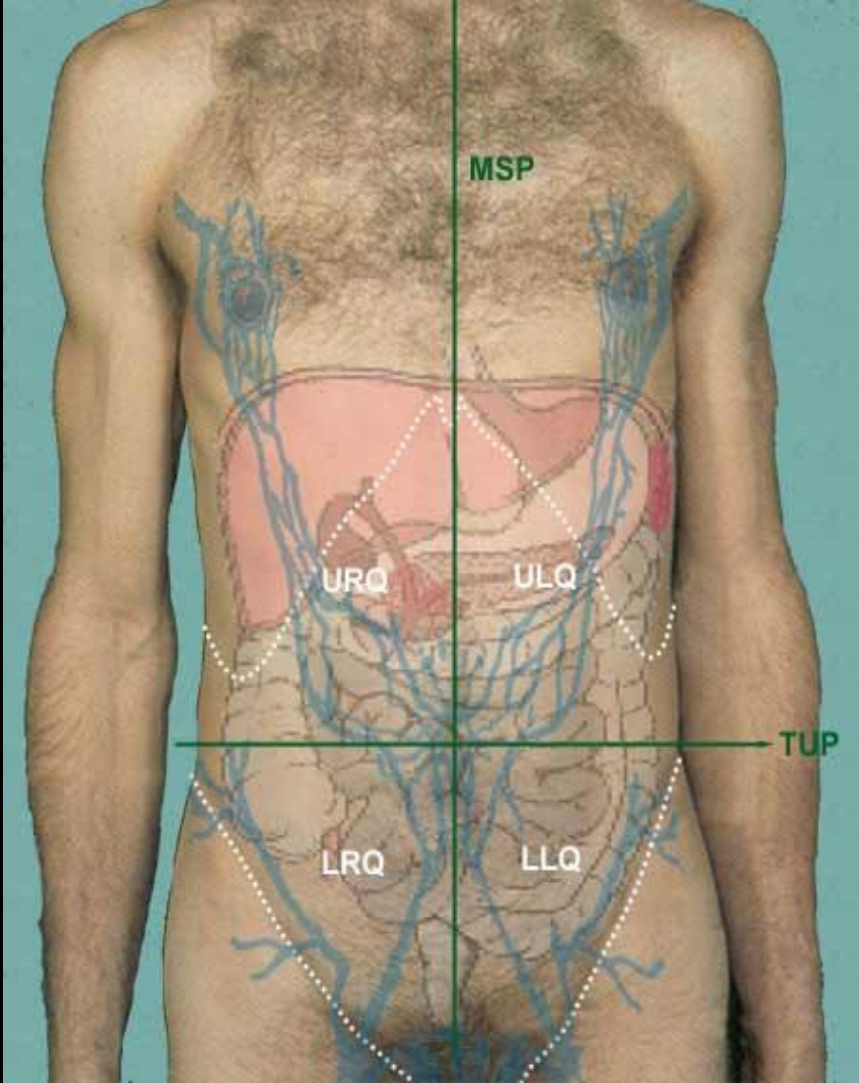
- Gastrit
- Akute pankreatit
- Splenomegali, rüptür
- Miyokard infarktı
- Sol alt lob pnömonisi
- Pyelonefrit, abse, taş
- İntestinal obstr.
- Herpes zoster, MI
- İBH

Sağ Alt Kadran Ağrısı

- Apendisitit
- İBH
- ,İntestinal Obst.
- Anevrizma sızıntısı
- Ektopik gebelik
rüptürü,PID,over kaynaklı
- Psoas absesi
- Çekal divertikülitis
- Kolesistit
- Perfore ülser
- Mezenter Lenfadenit
- Pyelonefrit,taş,sistit



Sol Alt Kadran Ağrısı



- Sigmoid divertikülit
- Anevrizma sızıntısı
- İBH
- Üreteral taş
- PID
- İnkarsere veya strangule herni
- Mittelschmerz, over tors.
- Apendisit(situs inversus)
- Psoas absesi

Diffüz Karın Ağrısı

- Peritonitis
- Akute pankreatitis
- “Sickle cell” krizi
- Apendisitinin erken dönemi
- Mezenterik trombozis, Mezenterik Lenfadenit
- Gastroenterit
- Dissekan veya rüptüre anevrizma
- İntestinal obstrüksiyon, İBH
- Diabetes Mellitus
- FMF (AAA)
- Metabolik ve toksik nedenler, Lösemi

Abdominal Ağrının Ekstraabdominal Nedenleri

- Sistemik
- Toksik
- Torasik
- Genitoüriner
- Abdominal Duvar

Organ or Indication	Indications for Surgical Therapy	Indications for Medical Therapy
Esophagus	Iatrogenic perforation due to endoscopy, bougienage, balloon dilation; emetic perforation (Boerhaave's syndrome)	Reflux esophagitis, esophageal spasm
Stomach	Perforated ulcer, paraesophageal hernia, gastric cancer	Uncomplicated benign gastric ulcer, gastritis, acute gastroenteritis, esophageal sliding hiatus hernia
Duodenum	Perforated duodenal ulcer	Uncomplicated duodenal ulcer
Jejunum, ileum	Intestinal obstruction, Meckel's diverticulitis	Gastroenteritis, Crohn's disease
Appendix	Appendicitis	—
Colorectum	Perforated or obstructing diverticulum, volvulus (cecal, sigmoidal), cancer, intussusception, colonic obstruction, fistula in ano, fissure in ano	Ulcerative colitis, Crohn's disease, diverticulitis (mild), fecal impaction, functional colonic pain, motility disturbances, diarrhea, constipation, ileus
Liver	Hepatocellular adenoma, Budd-Chiari syndrome, abscess	Infiltrative liver disease with capsular swelling, subcapsular hematoma
Biliary tree	Gallstones, acute cholecystitis, acute cholangitis	Gallstones
Spleen	Rupture, abscess	—
Pancreas	Pancreatitis (severe), pseudocyst	Pancreatitis (mild)
Blood vessels	Aortic aneurysm; mesenteric, arterial, or venous thrombosis or embolism; abdominal angina	—
Kidney	Calculus	Pyelonephritis
Bladder	Calculus	Cystitis
Male genitalia	Testicular torsion	Prostatitis, epididymitis
Female genitalia	Ectopic pregnancy, tubo-ovarian abscess, incomplete abortion, ovarian cyst (large or malignant, twisted or bleeding)	Dysmenorrhea, mittelschmerz, pelvic inflammatory disease, ovarian cyst (small, benign), endometriosis, normal pregnancy
Peritoneum	Peritonitis or hemoperitoneum from unknown cause, postoperative perforated anastomosis, intraperitoneal abscess (pelvic, subphrenic, subhepatic, lateral intraloop)	Tuberculosis; primary peritonitis; talc or starch peritonitis; hemoperitoneum secondary to anticoagulants; "burning" pains (except for peptic ulcer); typhoid fever; radiculitis
Hernia	External or internal (uncomplicated, incarcerated, or strangulated)	—
Trauma (penetrating the peritoneum)	All cases	—
Trauma (blunt)	All cases with peritoneal signs, traumatic rupture of diaphragm	Hemodynamically stable patients with negative diagnostic peritoneal lavage or abdominal computed tomography; all cases without peritoneal signs, limited splenic laceration in a child

Mide/duodenum – Perforasyonu

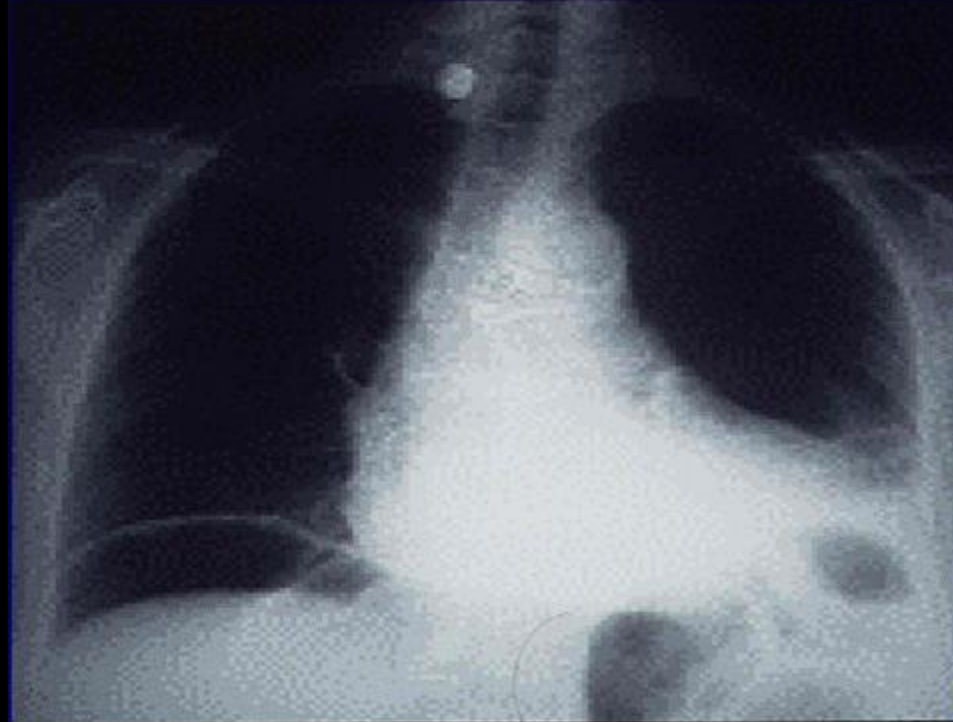
Karın ağrısı

Rijidite(tahta karın)

Peritoneal irritasyon
bulguları

şok

X-ray de diafragma altında
serbest hava



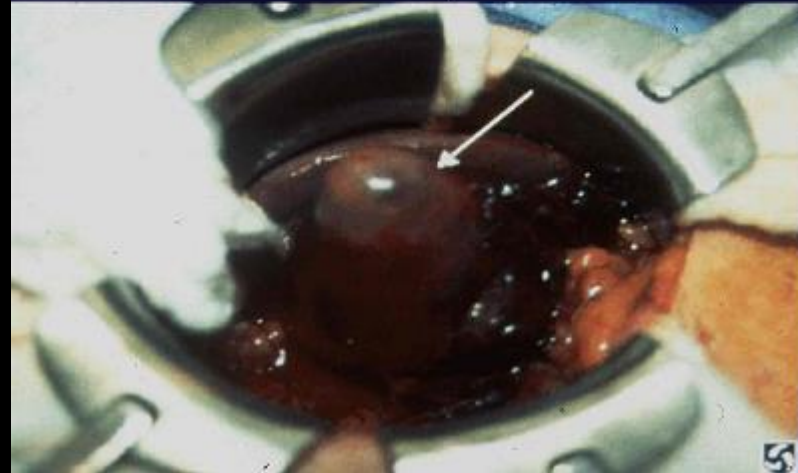
Kolesistit

Akut Kolesistit

Akut sađ üst kadran ađrı

Diagnosis – FBC, WBC, USS

Tredavi– Antibiotikler,
analjezikler
Erken cerrahi



Pankreas

Akut pankreatitis

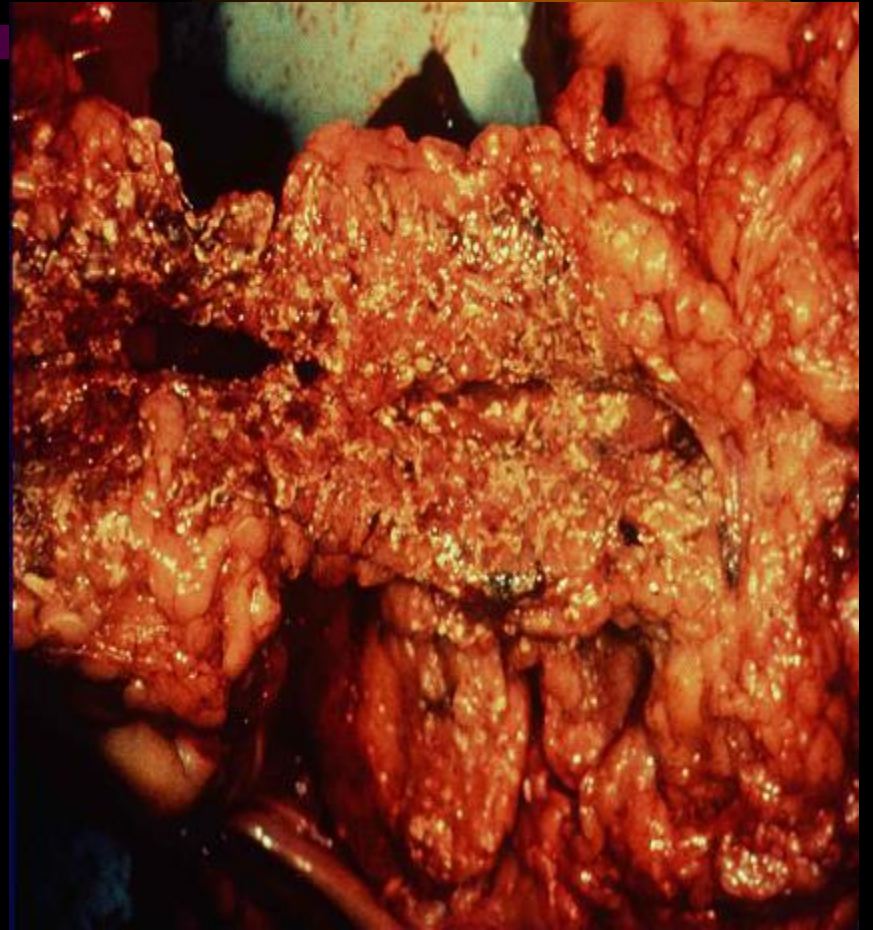
Karın ağrısı, bulantı-kusma,
şok

Nedenler

Safra kesesi-yolları taşları
Alkol
Virüsler
Hiperlipidemi, İatrojenik

Tanı

Serum amilazı yükselir
Abd. CT ve US
komplikasyonlar
pseudokist, flegmon
abse



İnce Barsaklar

İntestinal obstruksiyon

Olası nedenleri:

adezyonlar, hernia,
tömörler

Klinik prezantasyon:

kolik abdominal ağrı,
bulantı-kusma,
kabızlık

Tedavi:

resustasyon/ameliyat



İnce Barsaklar

Mezenterik infarkt

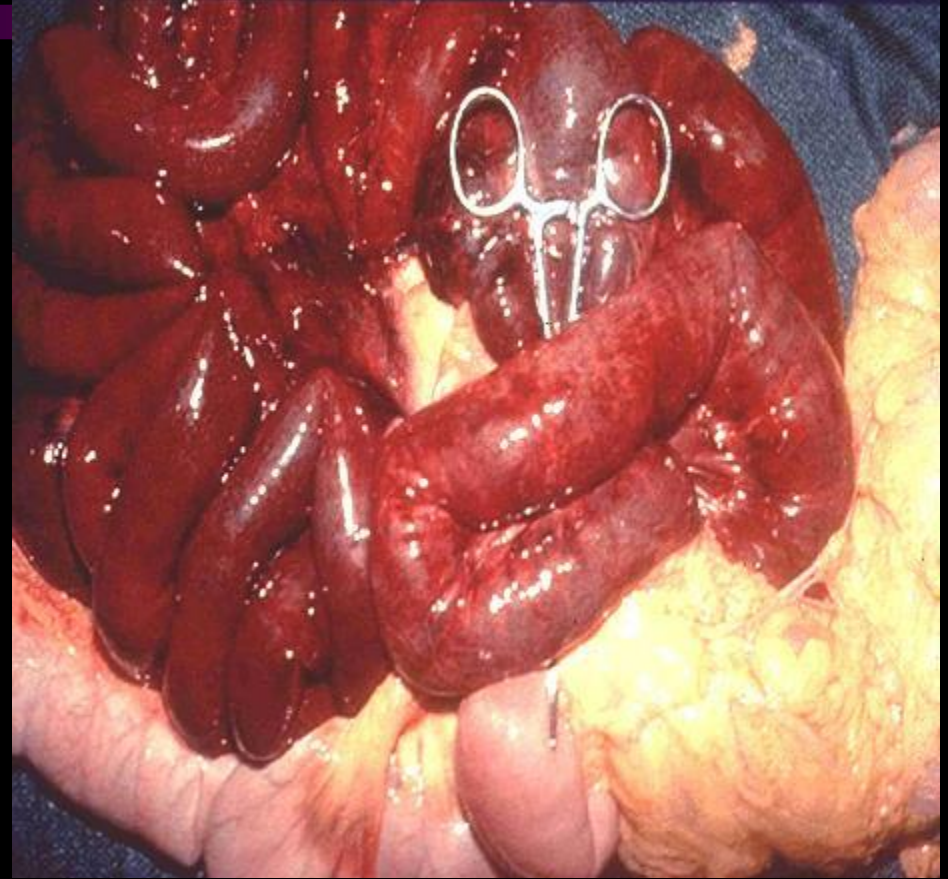
İnce barsağın arteriyel dolaşımının aniden oklüzyonu

Ani başlayan karın ağrısı, şok

Peritonit

Tedavi:

resustasyon/ ameliyat



OBSTRÜKSİYON - HERNİASYON



**İNFARKT
GANGREN**

**İNGUİNAL KANAL
FEMORAL KANAL
UMBİLİKUS
SKARLAR**

Kalın Barsaklar

Akut divertikülitis

En sık sol kolonda gelişir

Prezentasyon: Sol inguinal fossa ağrı,

ateş, hassasiyet,

lökositozis

Orta ve ileri yaşta ortaya çıkar

Tedavi – konservatif

antibiyotik, İV sıvı, yatak istirahati





Kalın Barsaklar

Perforasyon

Divertikülit, kolitis,
ani, şiddetli abdominal ağrı,
rijidite

Fekal peritonit,
Ateş, lökositoz
, şok

Serbest hava (X-ray)



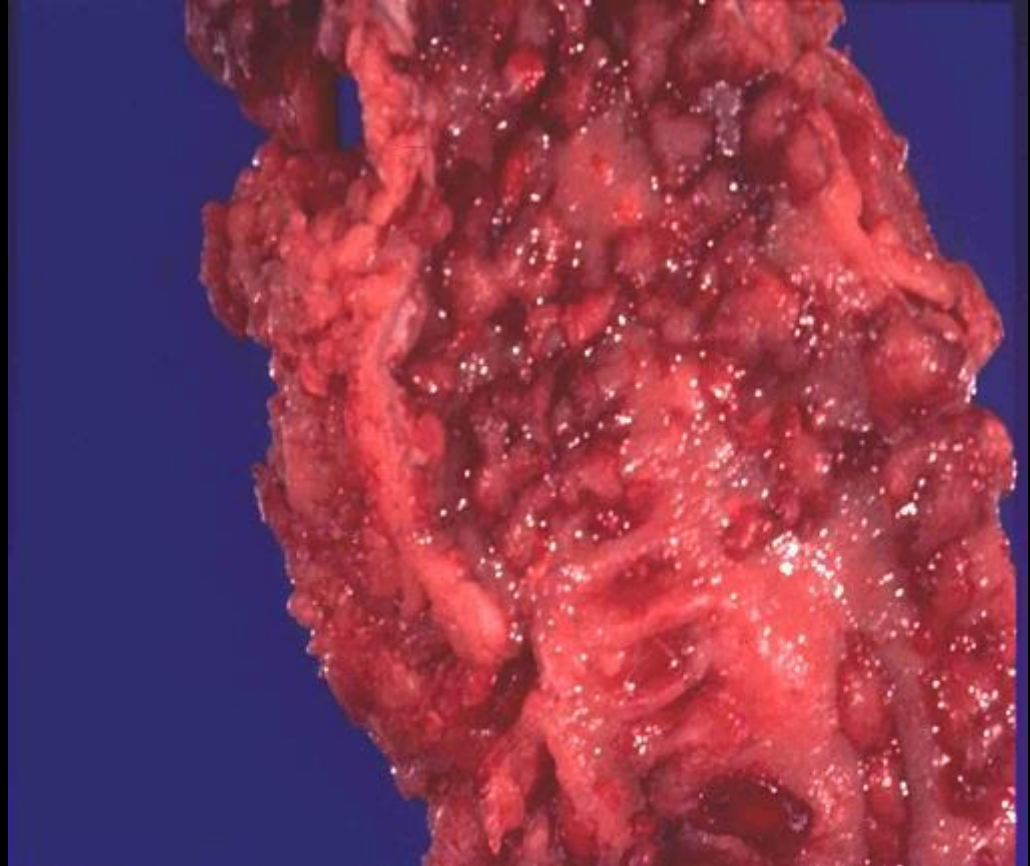


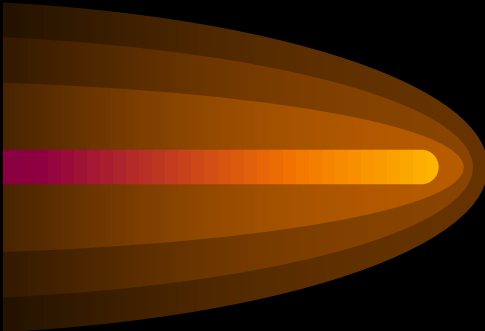
İnflamatuvar Barsak Hastalığı



Kalın Barsak

Ülseratif kolit





İnce barsak obstrüksiyonu

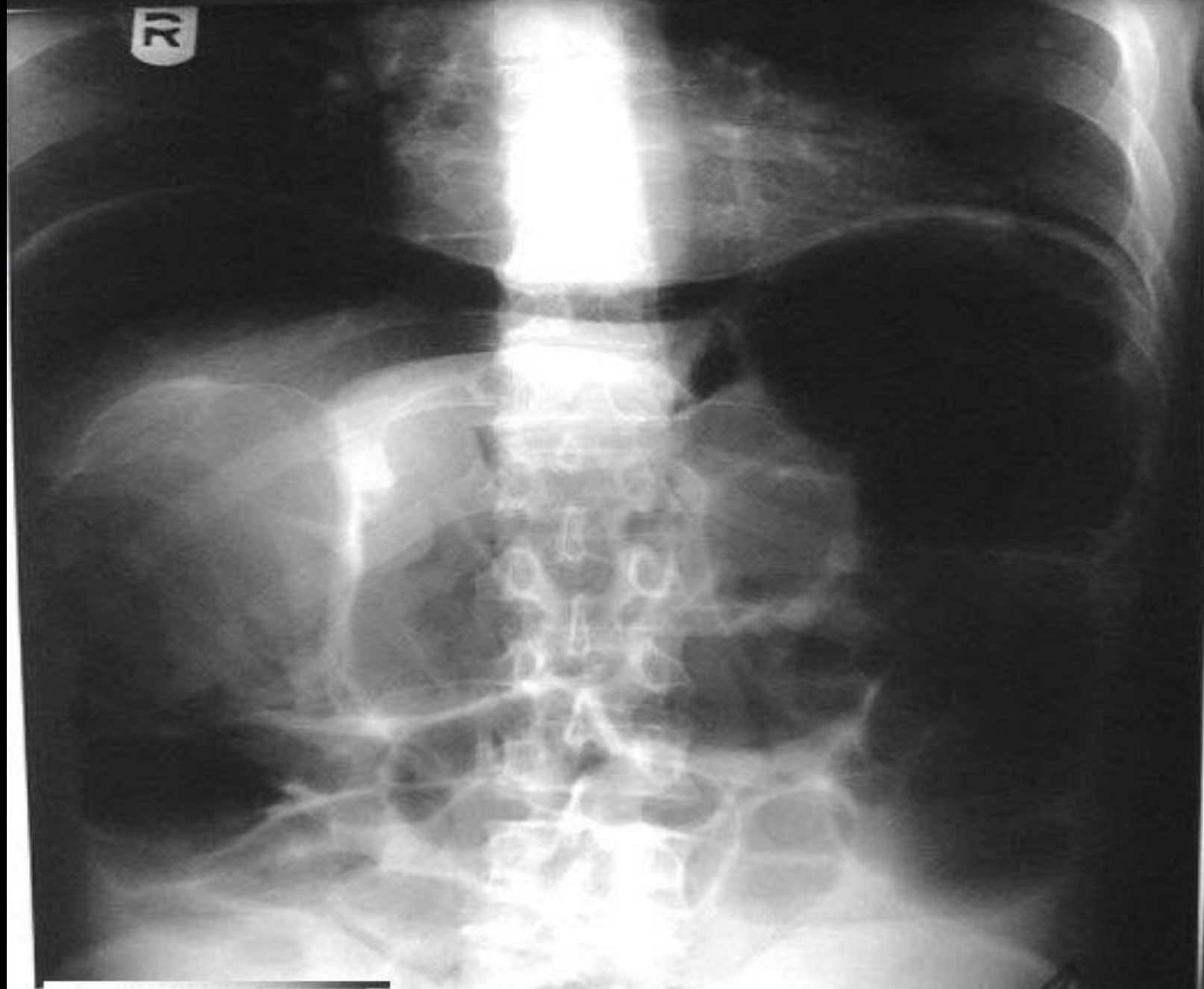


UMDS



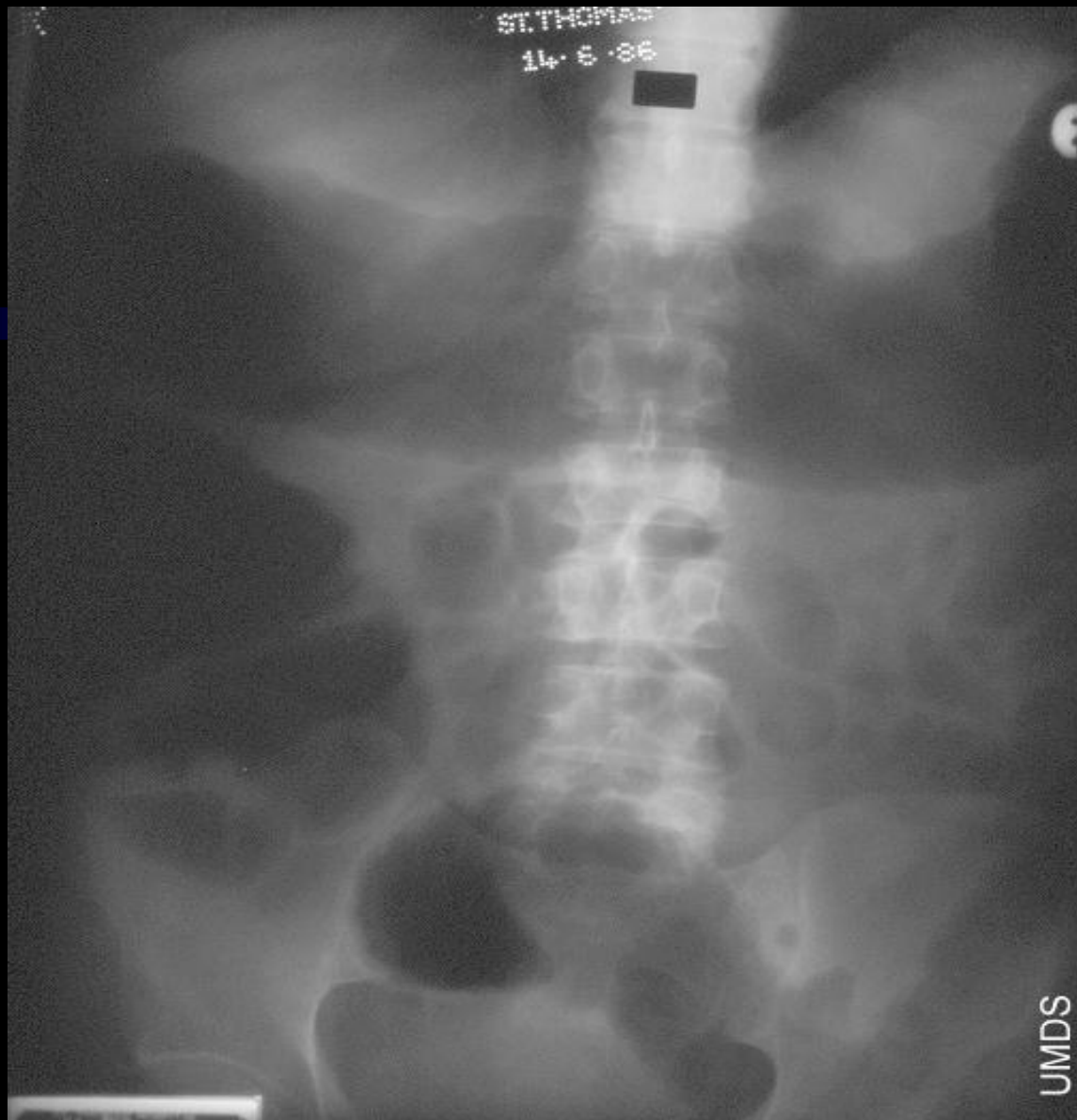


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XER files 1997

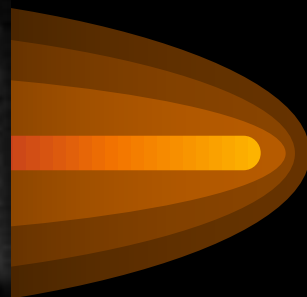
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Erb

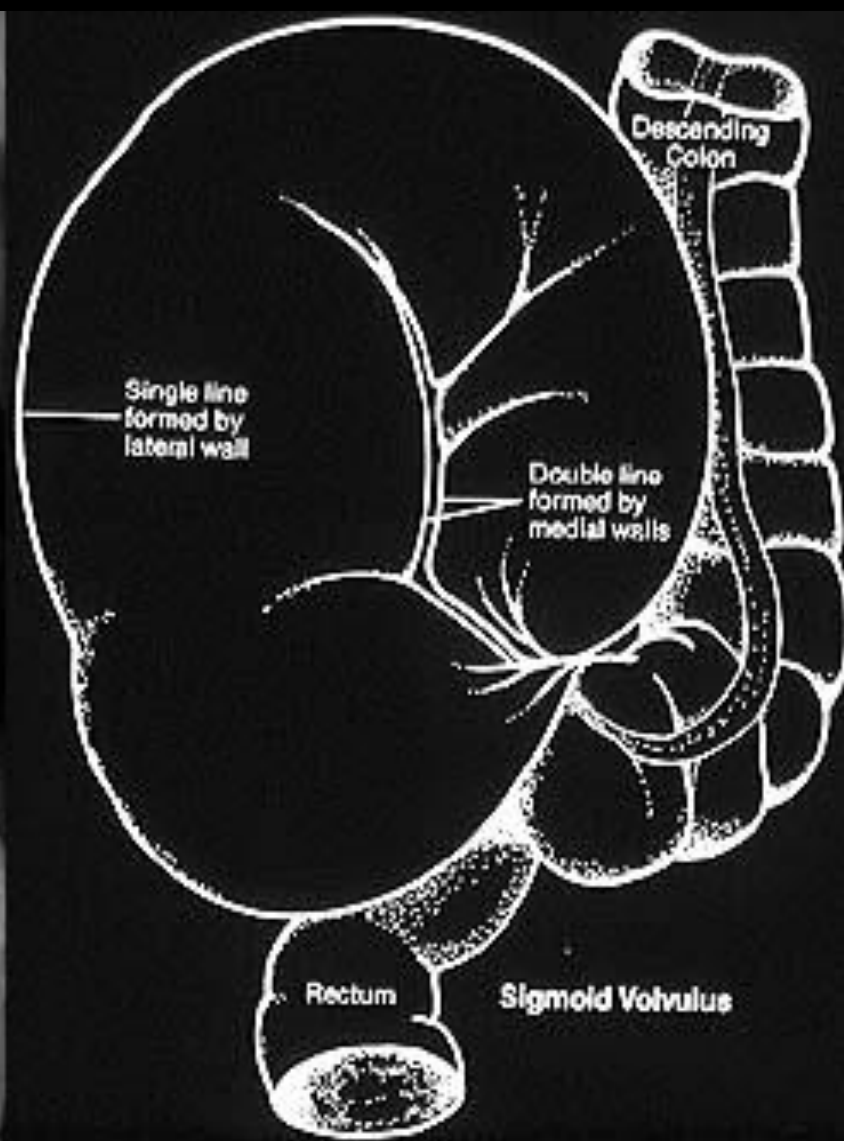


Toxic megacolon -crohn



- Akut apendisit

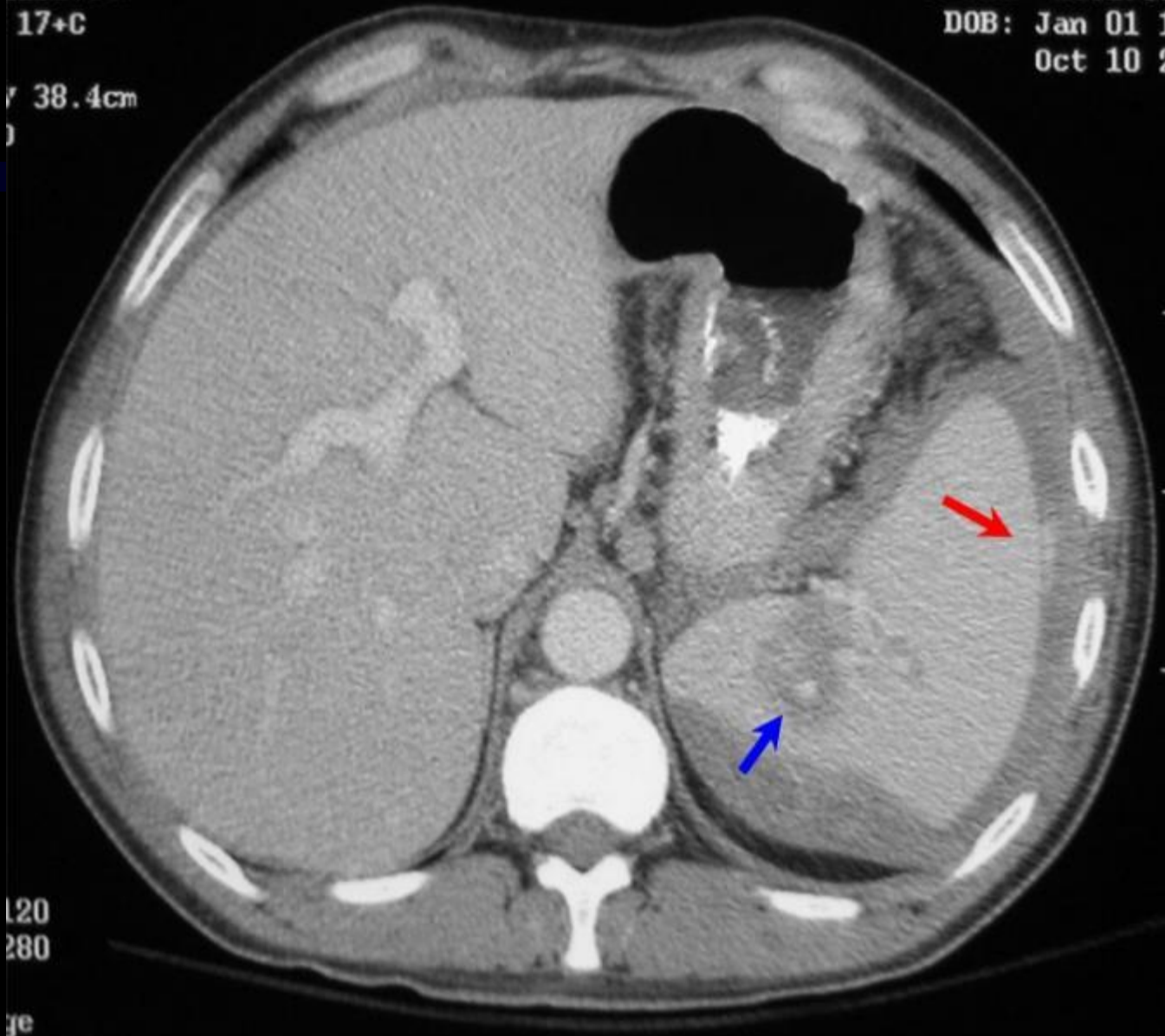




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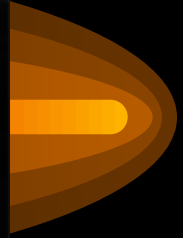
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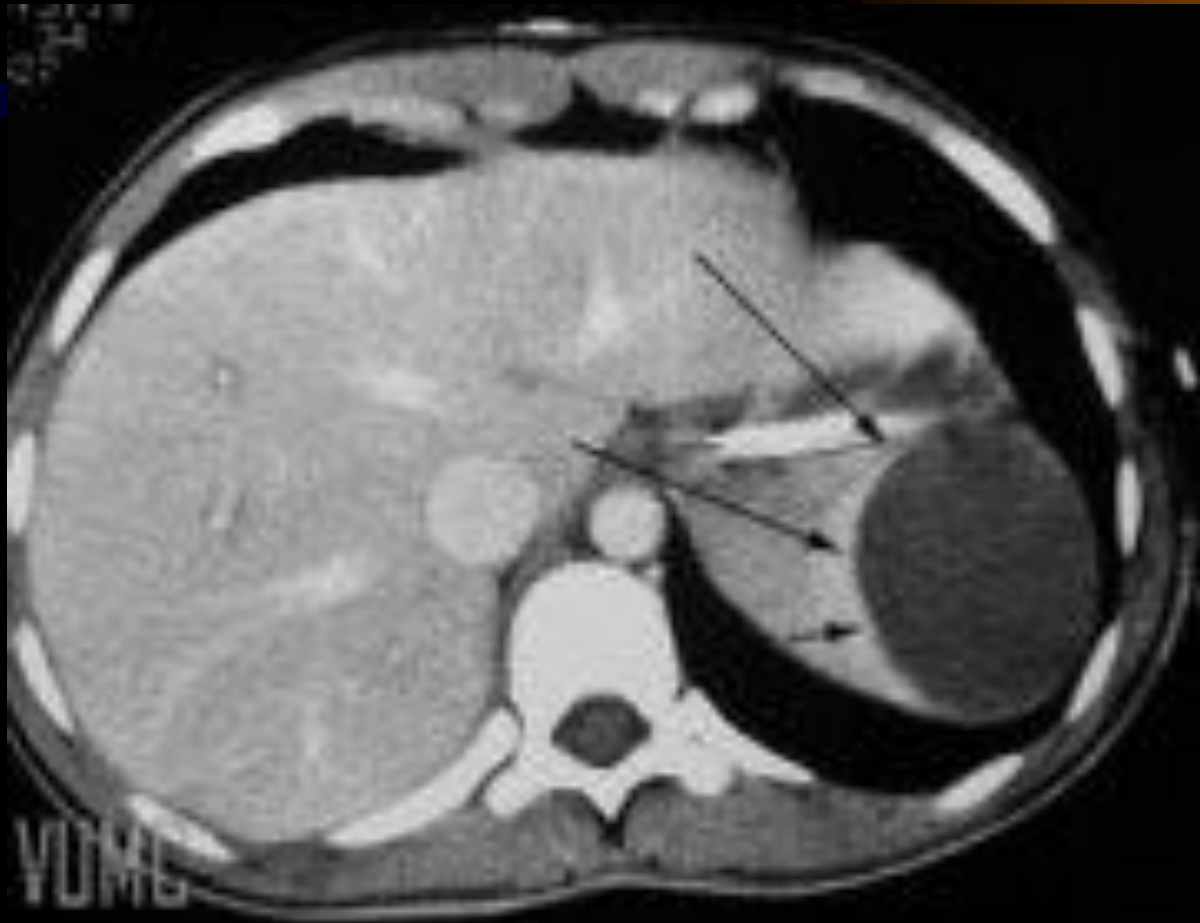
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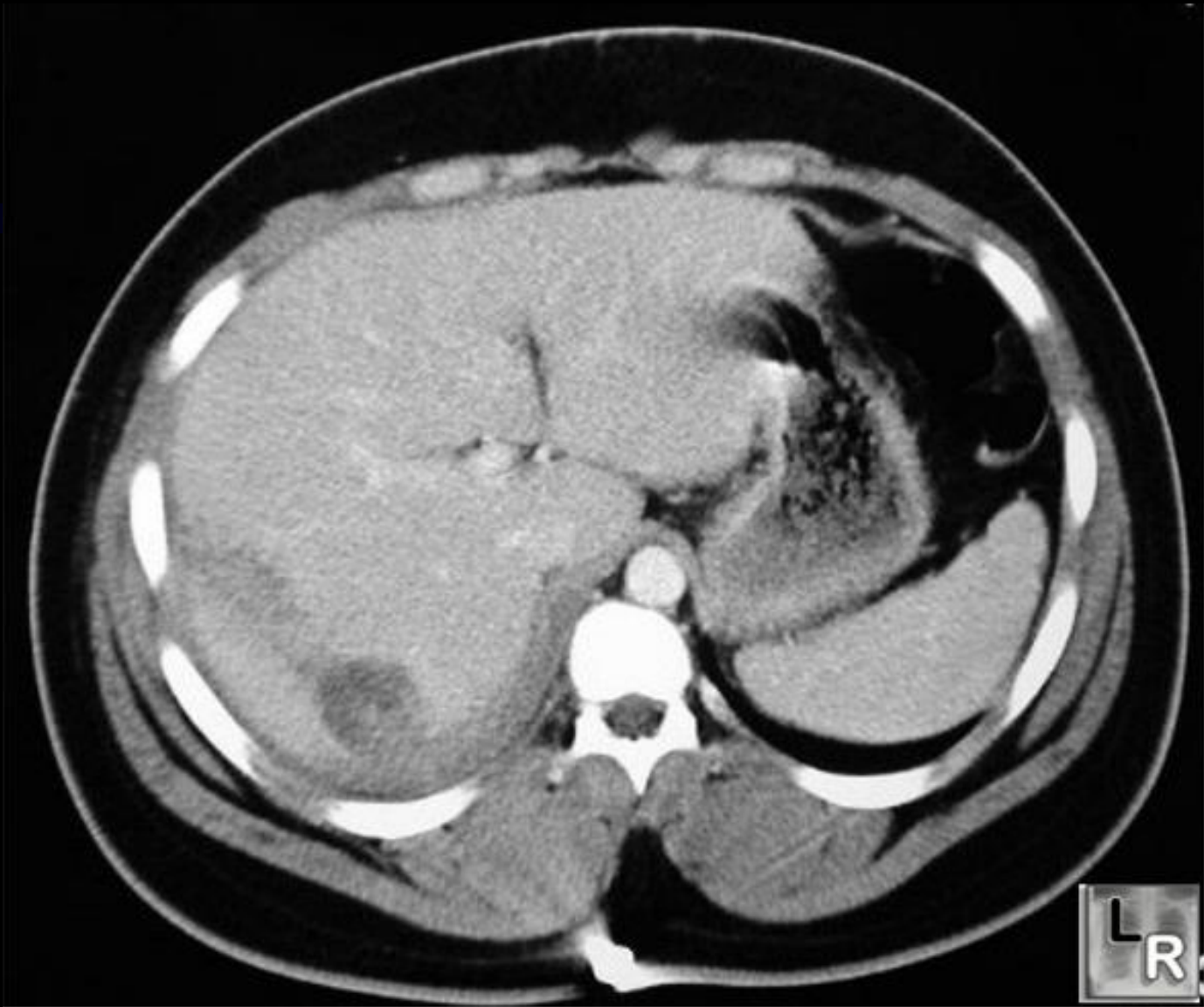


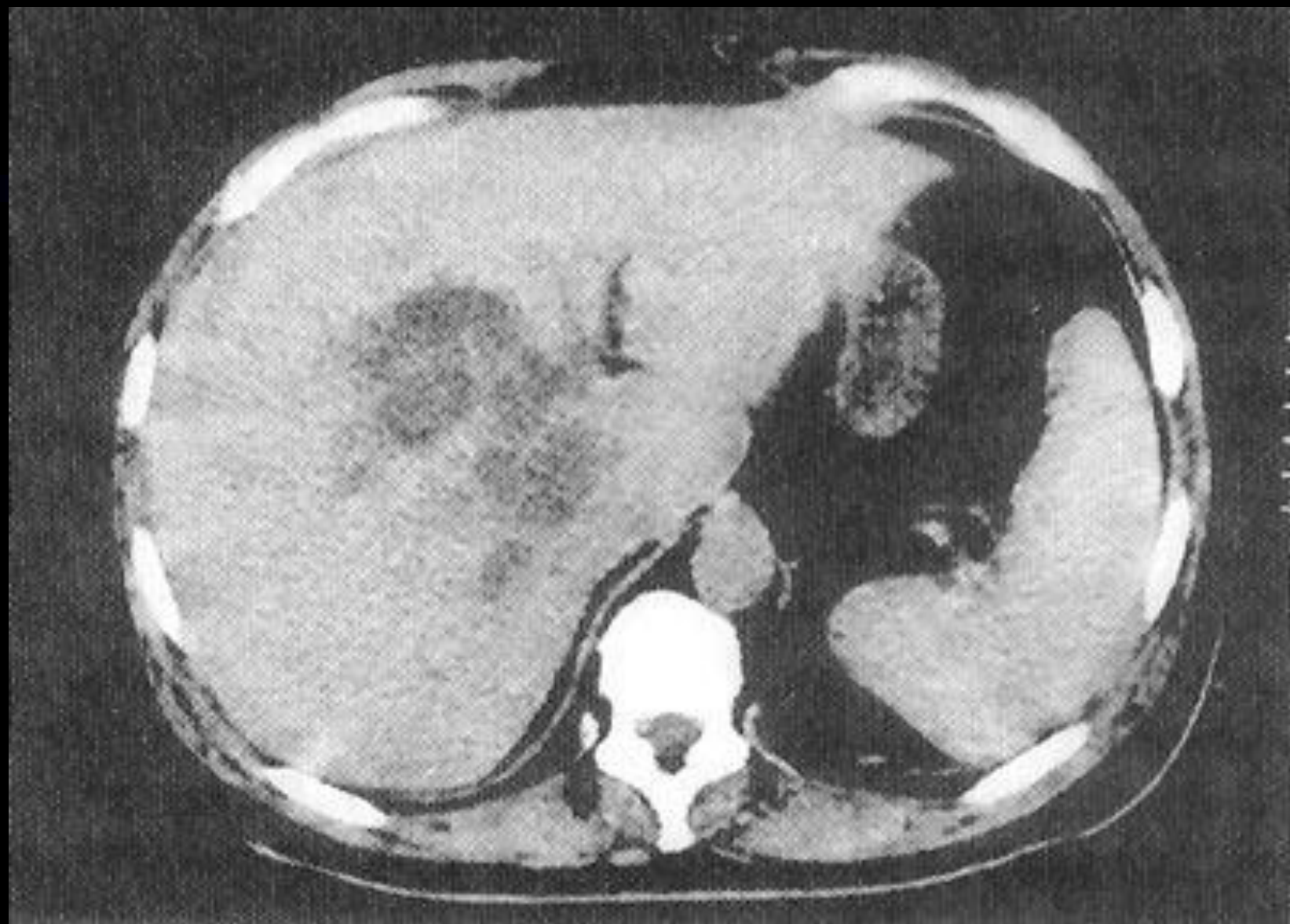
120
280

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Acute Abdominal Pain Survey *(de DOMBAL 1991)*

