

## BÖLÜM 13

### TAŞ HASTALIĞINDA ACİL DURUM YÖNETİMİ: SEPSİS, OBSTRÜKSİYON VE AKUT BÖBREK HASARI

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#### GİRİŞ

Üriner sistem taş hastalığı, dünya genelinde sık görülen bir sağlık sorunudur ve acil servislere başvuruların önemli bir kısmını oluşturur (1). Taş hastalarının çoğu elektif şartlarda tedavi edilebilirken, bazı olgularda sepsis, üreteral obstrüksiyon veya akut böbrek hasarı gibi acil durumlar gelişebilir. Bu komplikasyonlar zamanında müdahale edilmediğinde ciddi morbidite ve mortaliteye neden olabilir (2).

Enfekte üriner sistem obstrüksiyonu, özellikle ürosepsis açısından yüksek risk taşır (3). Obstrüksiyona bağlı artan intrarenal basınç, böbrek perfüzyonunu bozarak parankimal hasara yol açabilir (4). Eğer bu tabloya bakteriyel enfeksiyon da eklenirse, bakteriyel toksinlerin sistemik dolaşıma geçişi ile hızla septik şok gelişebilir. Bu nedenle, enfekte obstrüksiyonun erken tanınması ve drenajla tedavi edilmesi hayati öneme sahiptir.

Akut böbrek hasarı, bilateral obstrüksiyon, tek böbrekli hastalar veya ileri yaş gibi durumlarda daha sık görülür. Erken dönemde saptanıp müdahale edilmediğinde kalıcı böbrek hasarına neden olabilir. Obstrüksiyonun giderilmesi, renal fonksiyonların korunmasında anahtar rol oynar (5,6).

Bu bölümde, taş hastalığında acil durumlara neden olabilecek üç ana komplikasyon – sepsis, obstrüksiyon ve akut böbrek hasarı – ele alınacaktır. Her bir başlık altında patofizyoloji, klinik bulgular, tanı yöntemleri ve tedavi yaklaşımları güncel kılavuzlar ve literatür doğrultusunda değerlendirilecektir.

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