

Pelvik Taban Ultrasonografisi Klinik Yaklaşım

Serdar Aydın



KOÇ
ÜNİVERSİTESİ
SCHOOL OF MEDICINE



Akış-Ultrasonografi

• Metodlar

1. Transperineal/ Interlabial
2. 3D/4D Transperineal
3. İntroital
4. Transvajinal
5. Transabdominal
6. Endoanal

Kullanım alanları

1. Üi değerlendirilmesi
 - İdrar kaçağı
 - Funneling
 - BND
2. PVR Postvoid Rezidü
3. Üretra divertikülü
 - Gardner kisti
4. POP değerlendirme
 - Sistosel
 - Apikal prolapsus
 - Rektosel
5. Balonlaşma
6. Levator Avülsyon
7. Meş Değerlendirme
8. Anal Sfinkter Değerlendirmesi

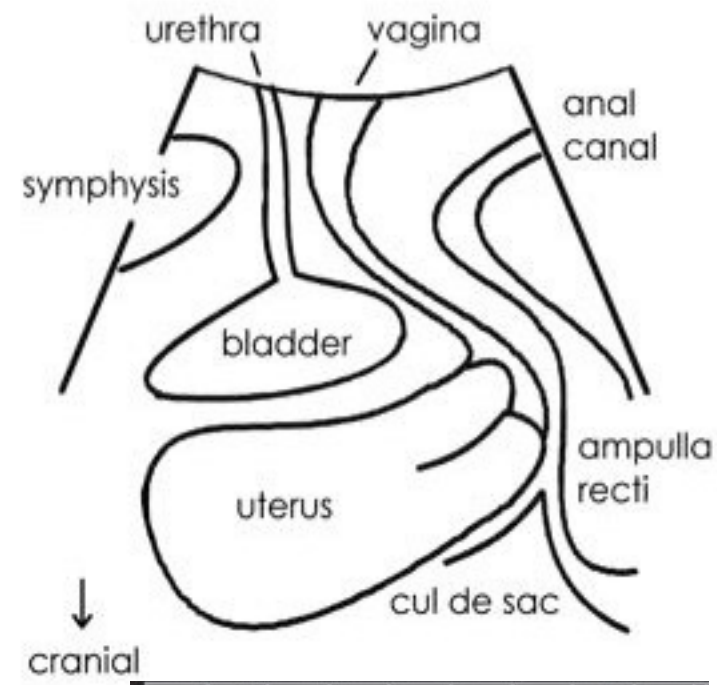
Endikasyonları

- Üriner İnkontinans
 - Stres
 - Acil Sıkışma
 - Taşma
- Ağrılı Mesane
- Persiste Dizüri
- İşeme Disfonksiyonu
- POP
- Fekal İnkontinans
- Meş/ Sling Komplikasyonları
- Rekürren Üriner Enfeksiyon
- Post-void rezidü (PVR)
- Rekürrens ve komplikasyonların yönetimi
- Cerrahi sonuçlarını değerlendirme
- Defekasyon Disfonksiyonu
- Anti-inkontinans veya POP cerrahisi sonrası pelvik veya vajinal ağrı
- Anti-inkontinans veya POP cerrahisi sonrası kanama veya akıntı

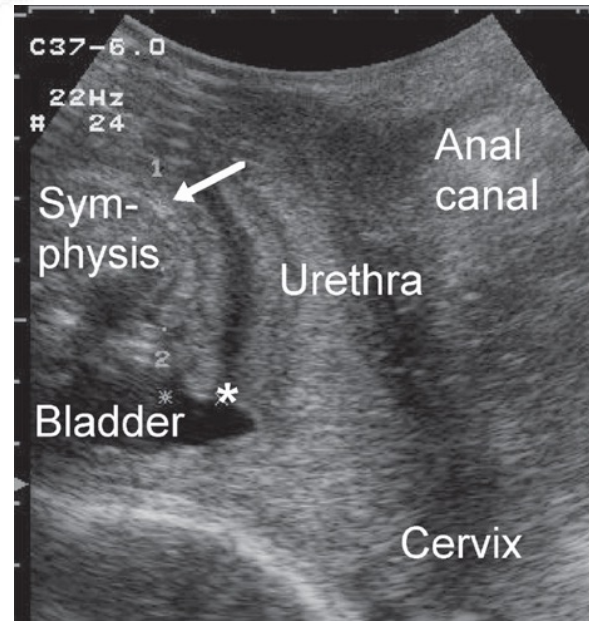
Transperineal

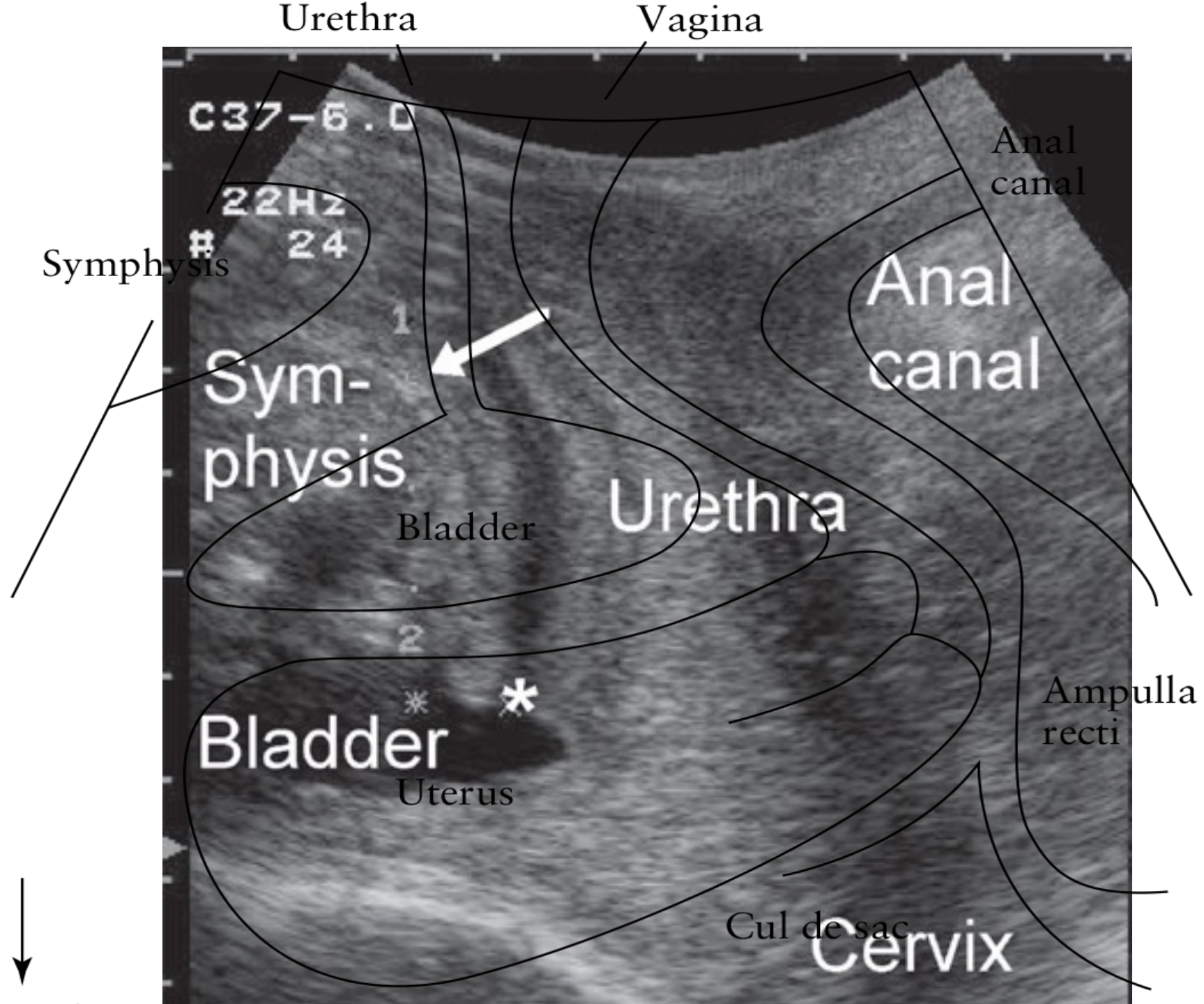
- 3,5- 6 MHz convex prob
- Perineye midsagital yerleřtirilir
- **Dorsal litotomi** /ayakta
- SP-U-M-V-R-A canal (Bonus Ut-Baęırsak-Douglas)

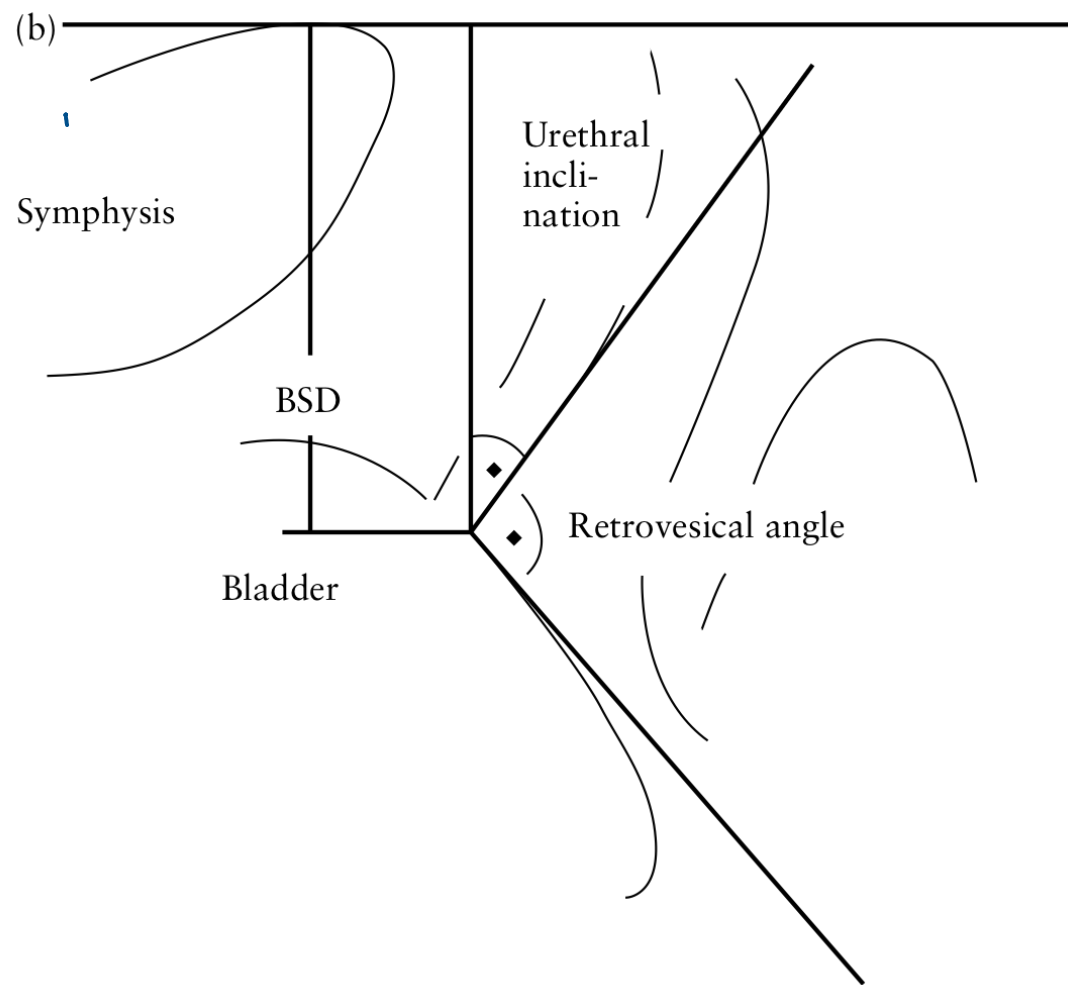


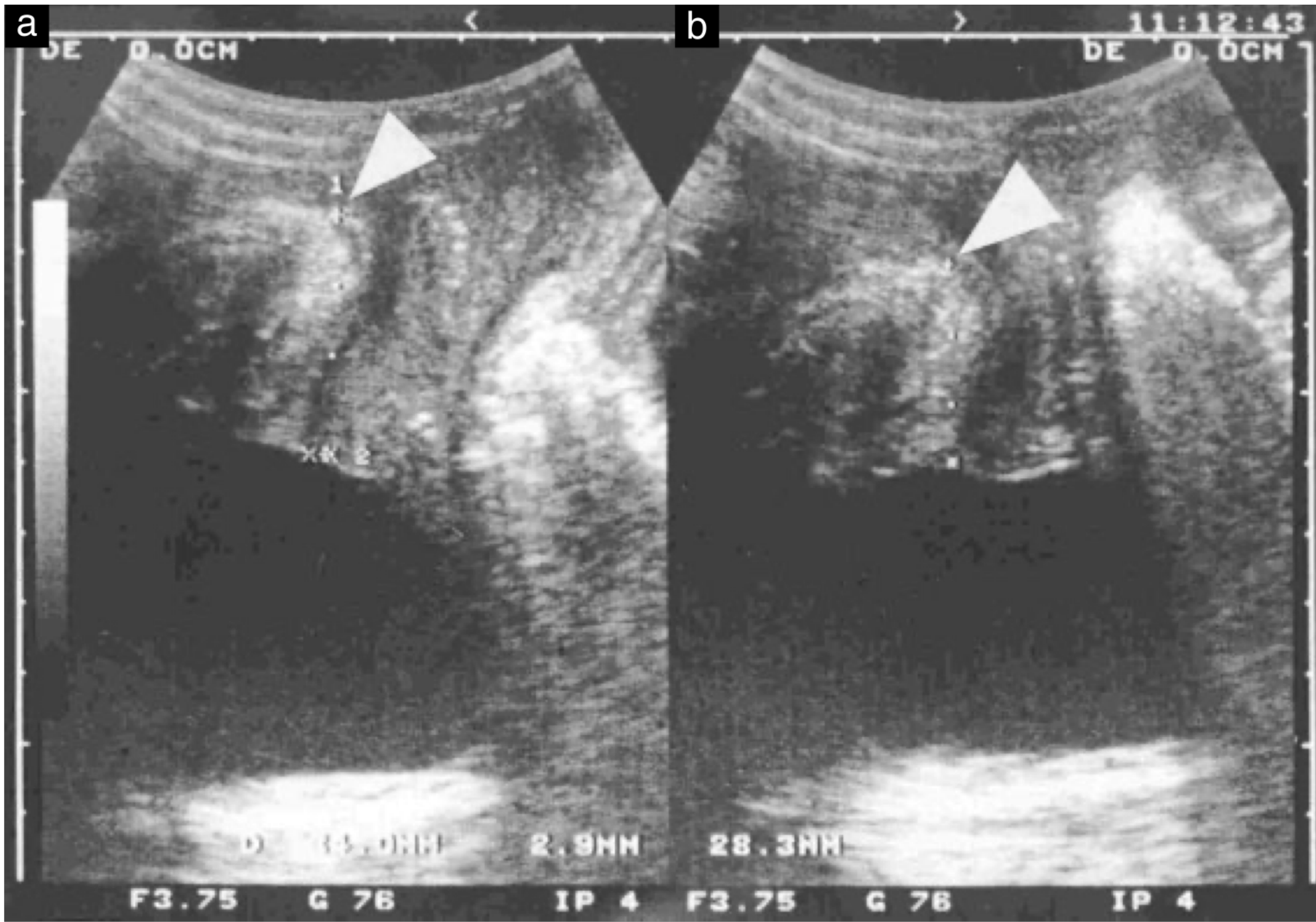


B

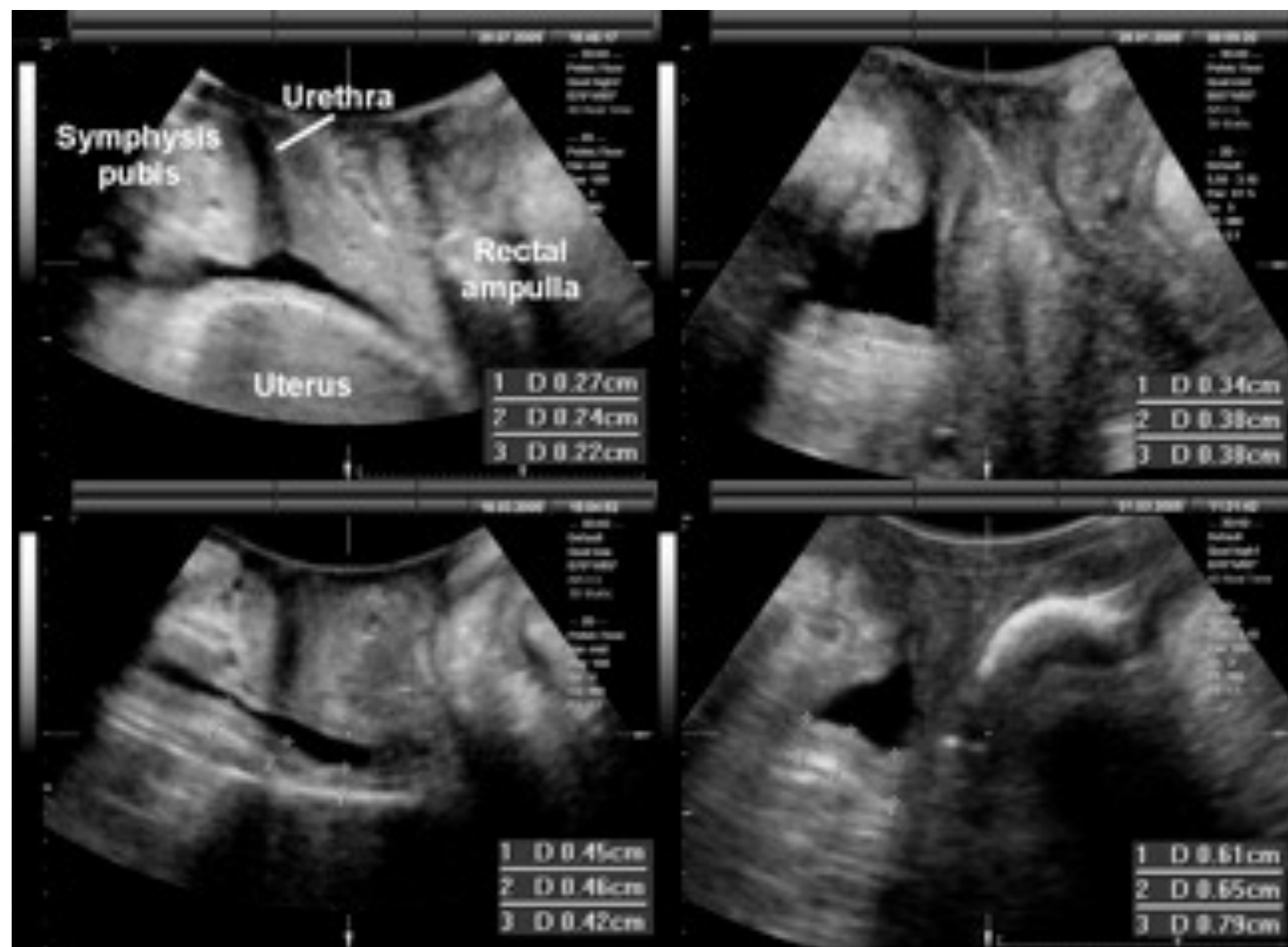




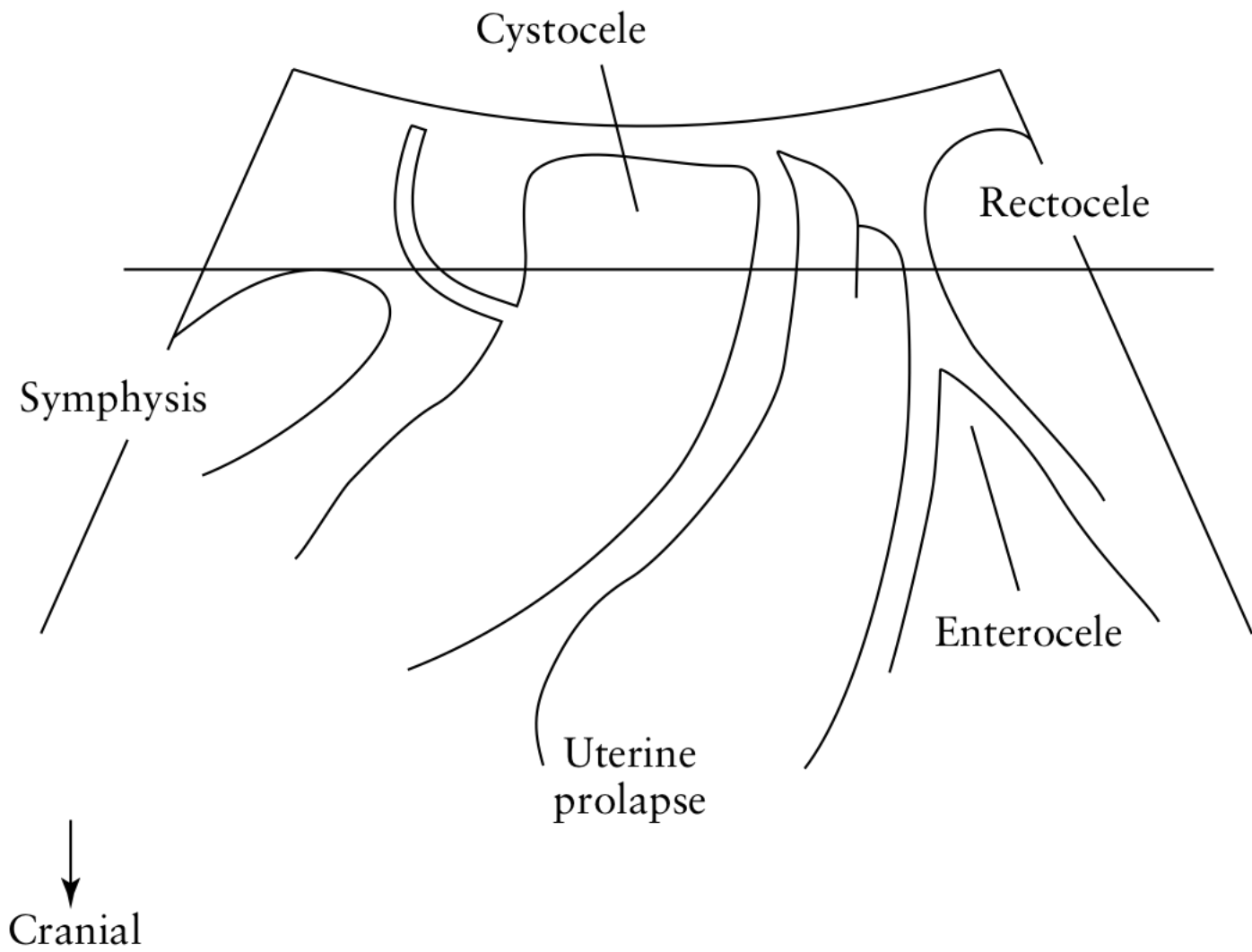


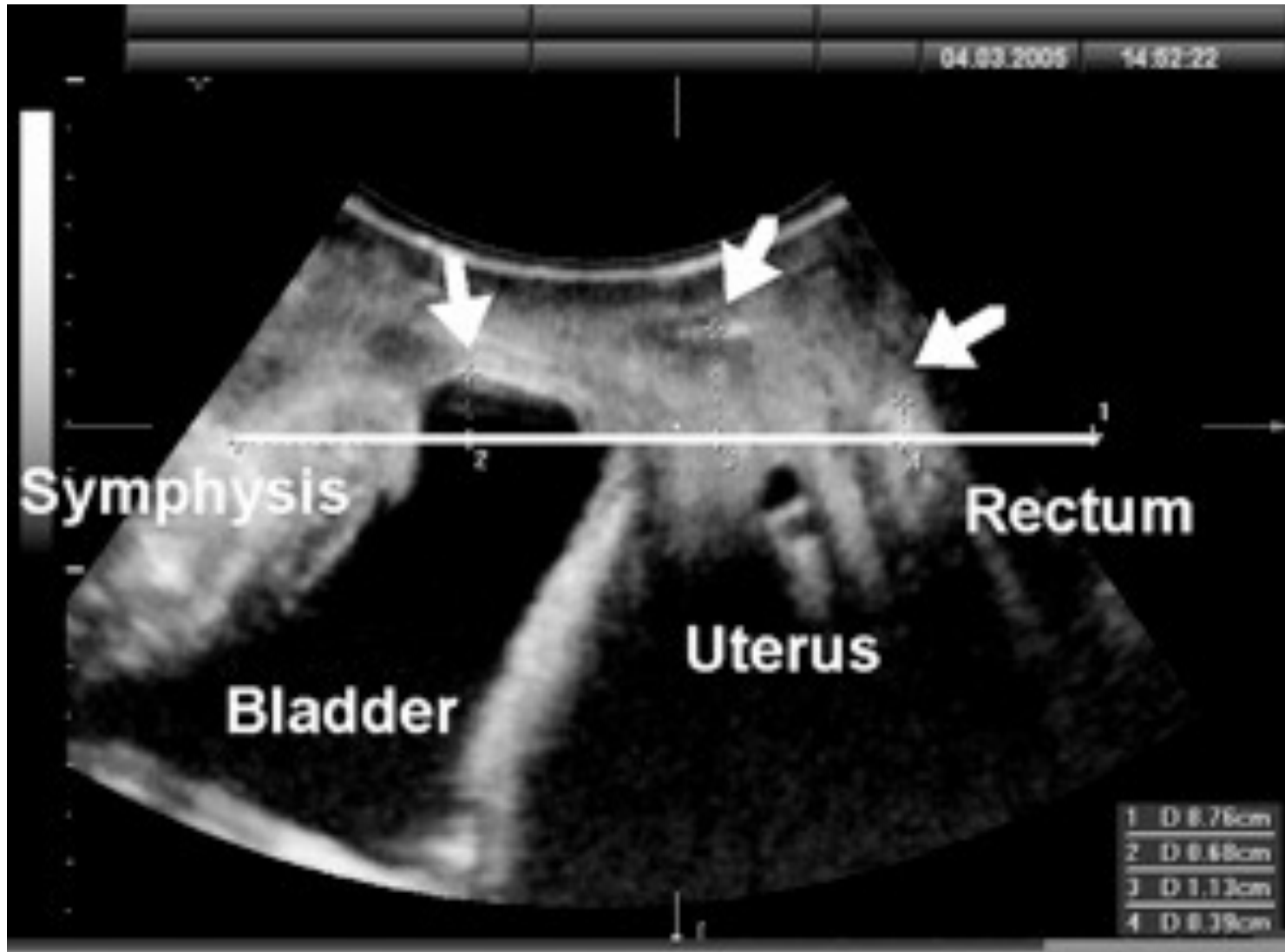


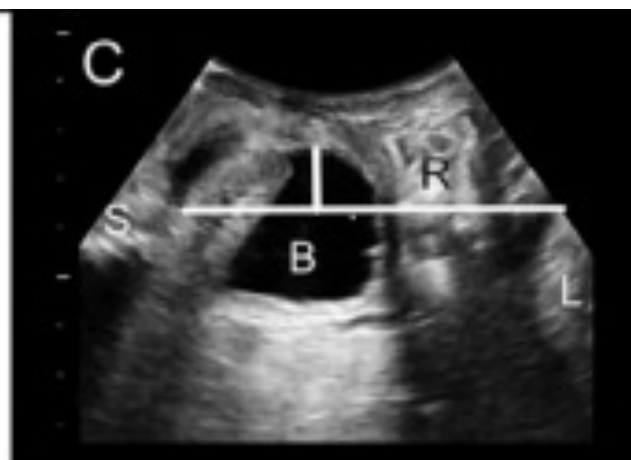
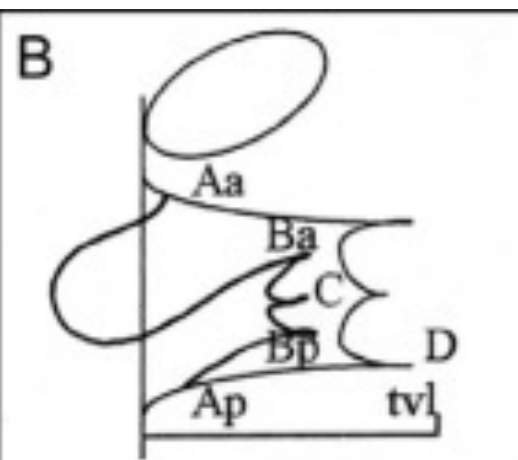




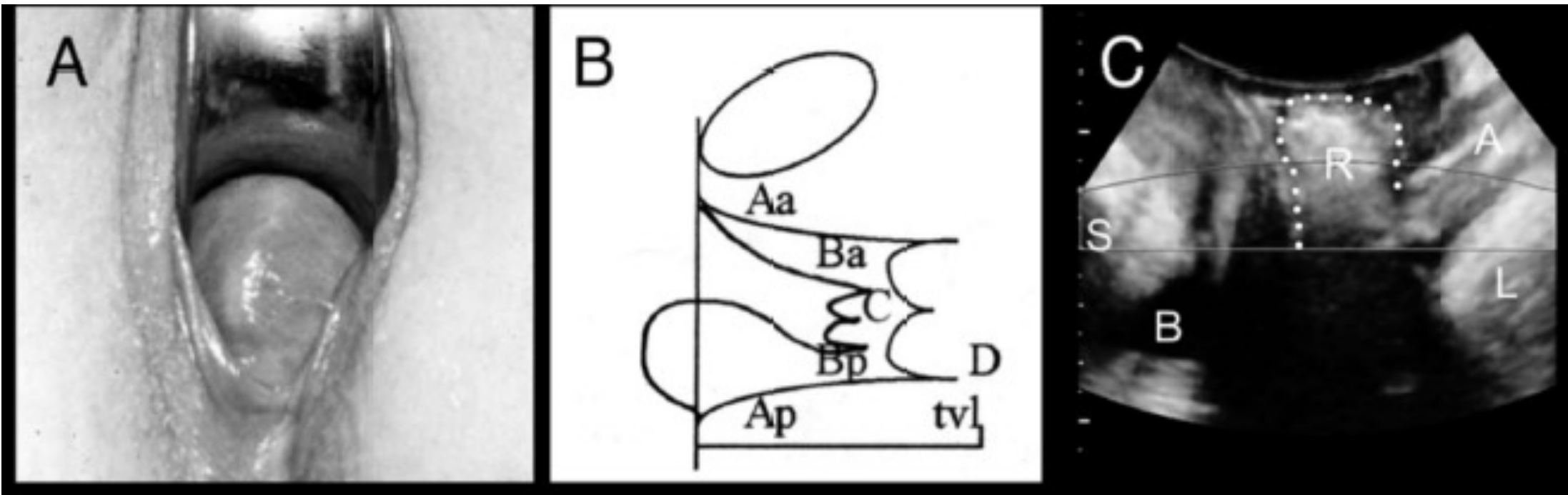


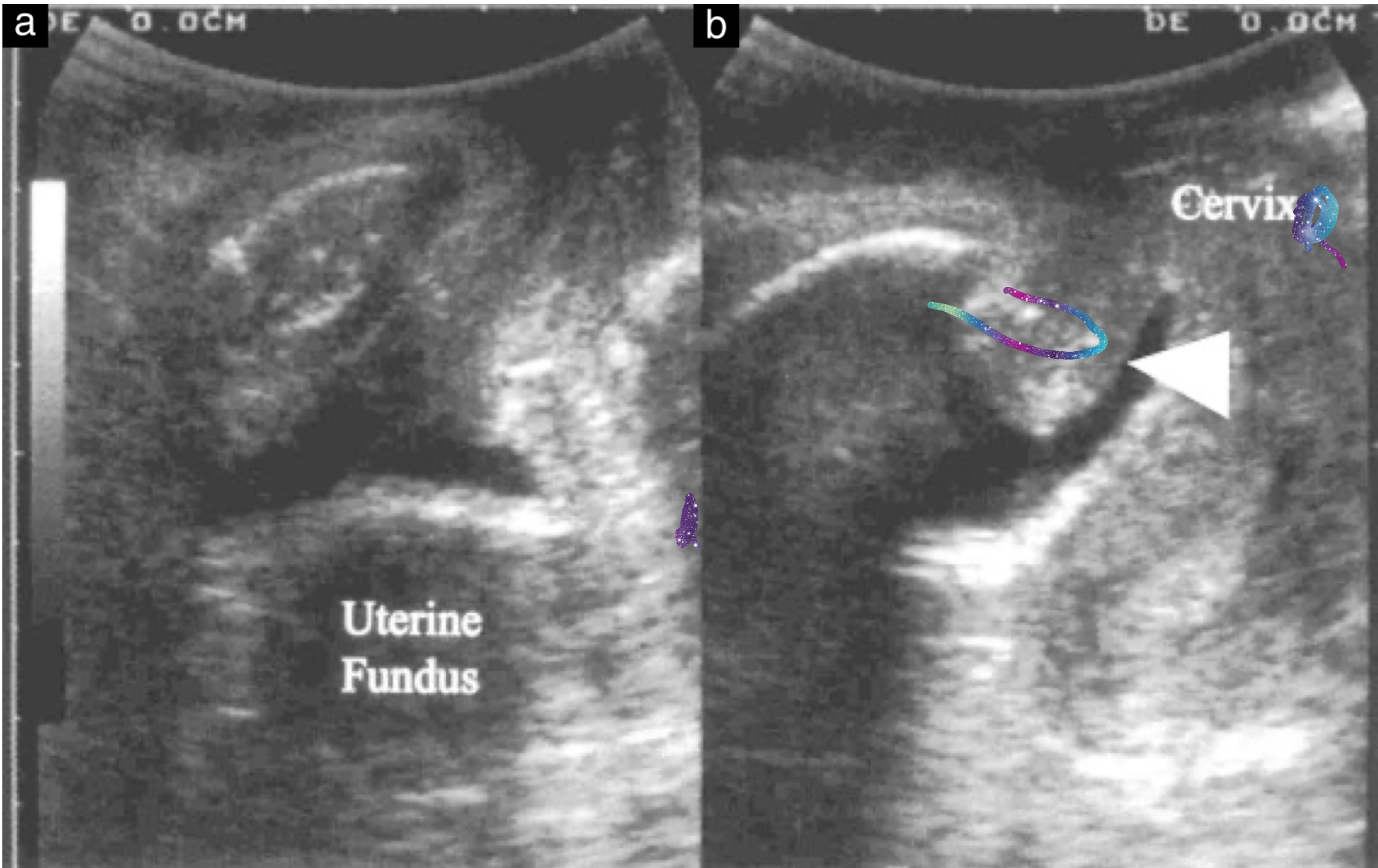


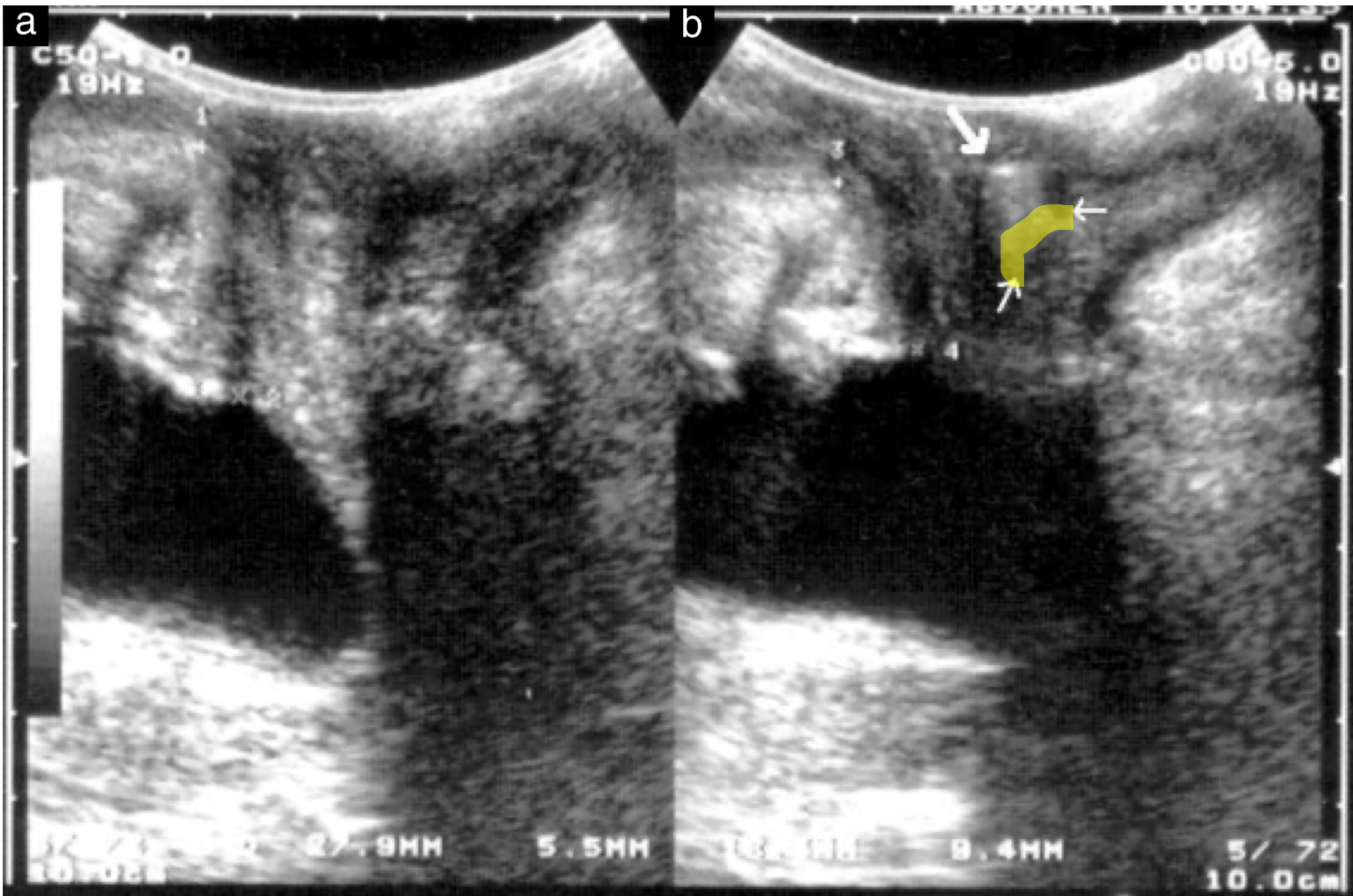


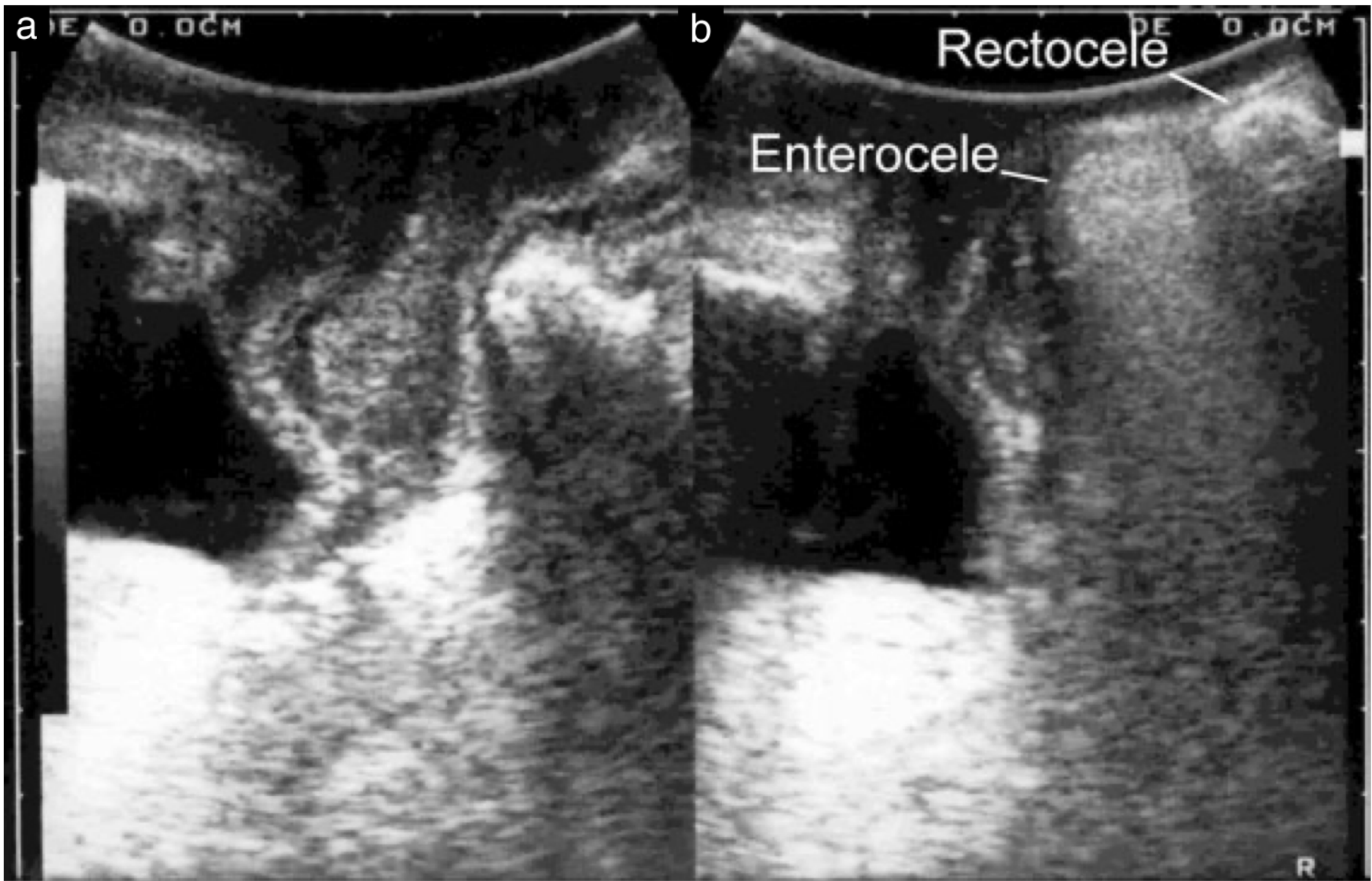


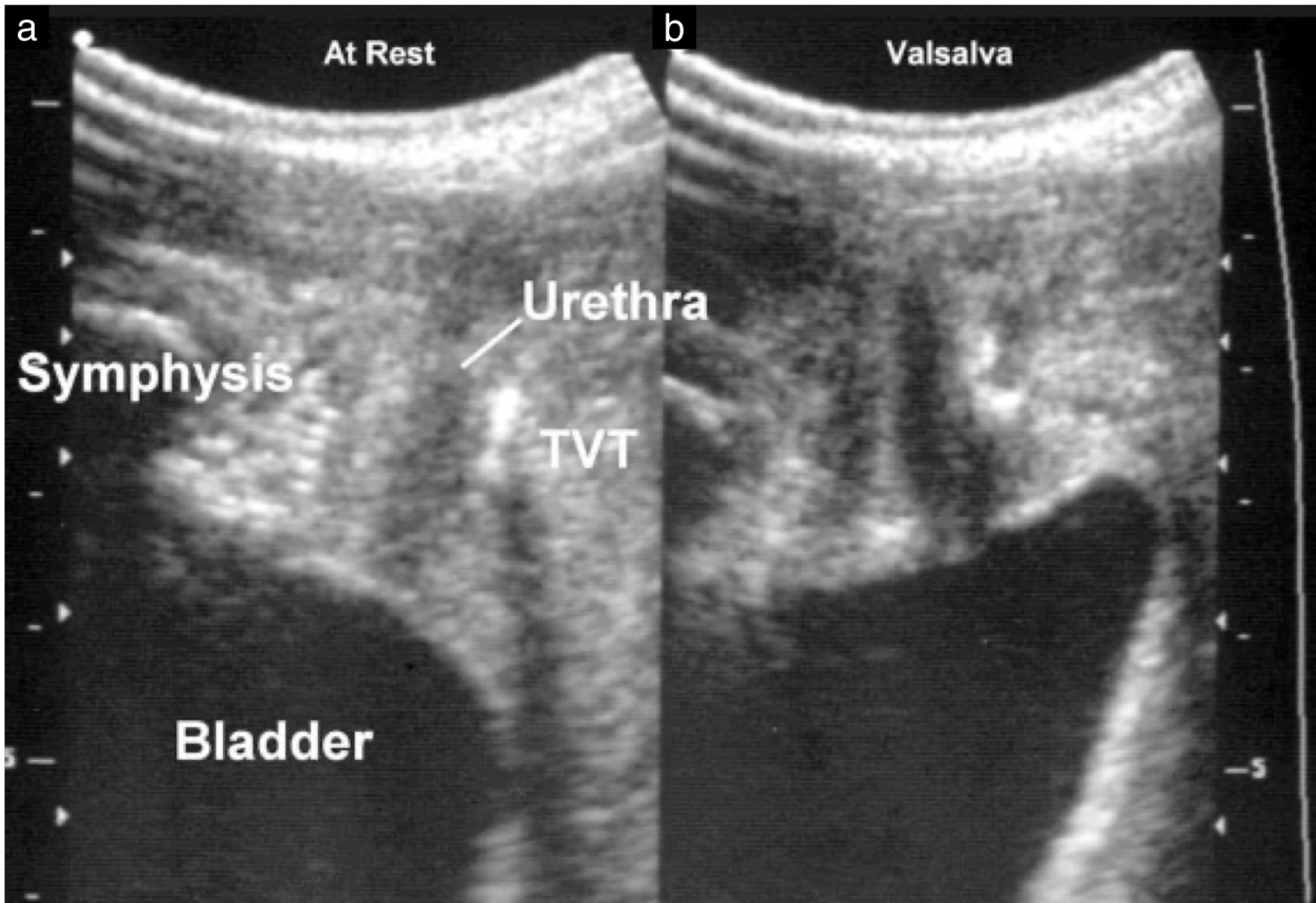














ROYAL HOSPITAL FOR WOMEN

C4-2 40R OB/OBSTZ

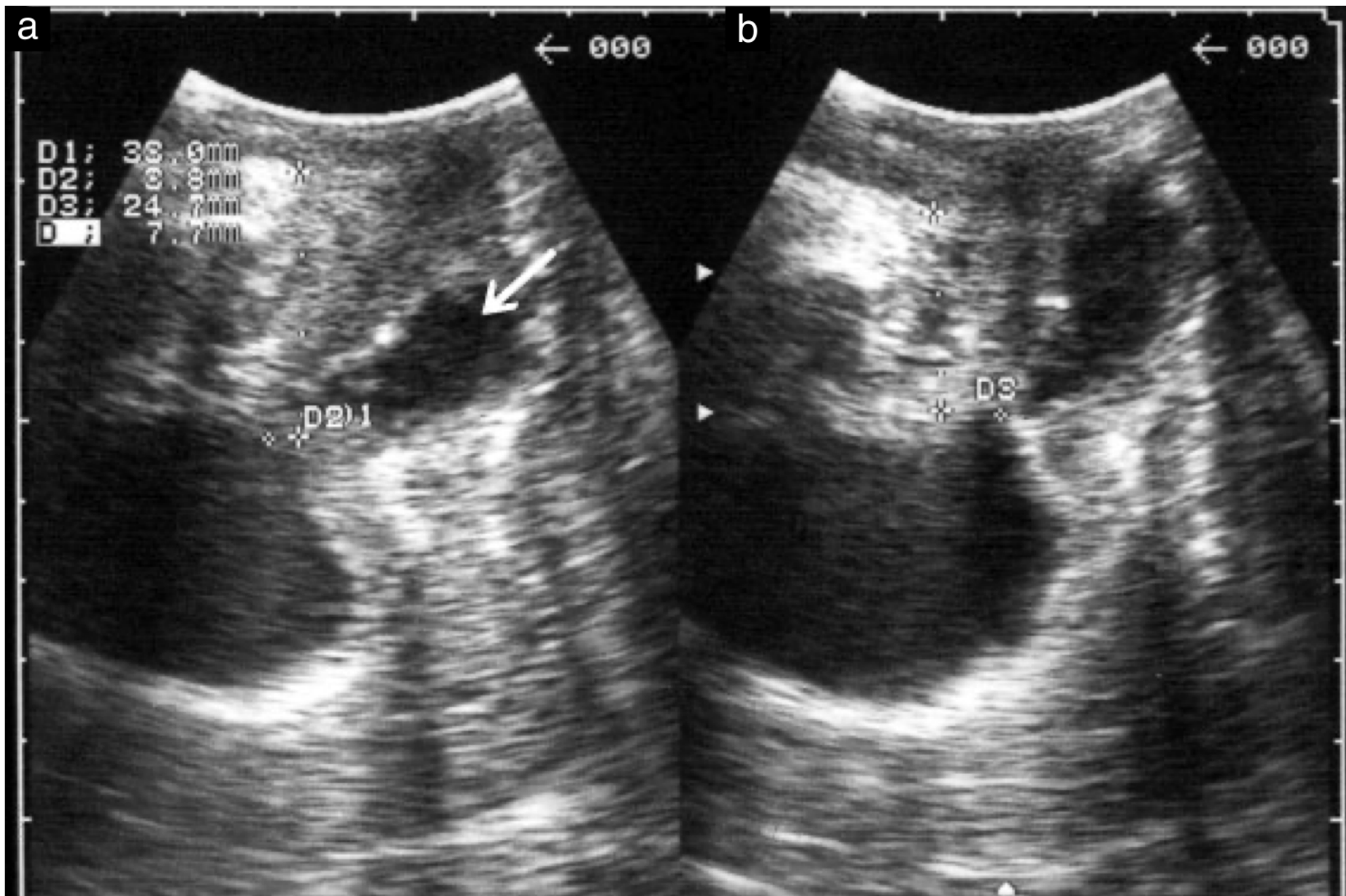
02 Jun 00
11:12:11 am

Tlb 0.1 MI 0.5
F# 36 11.6cm

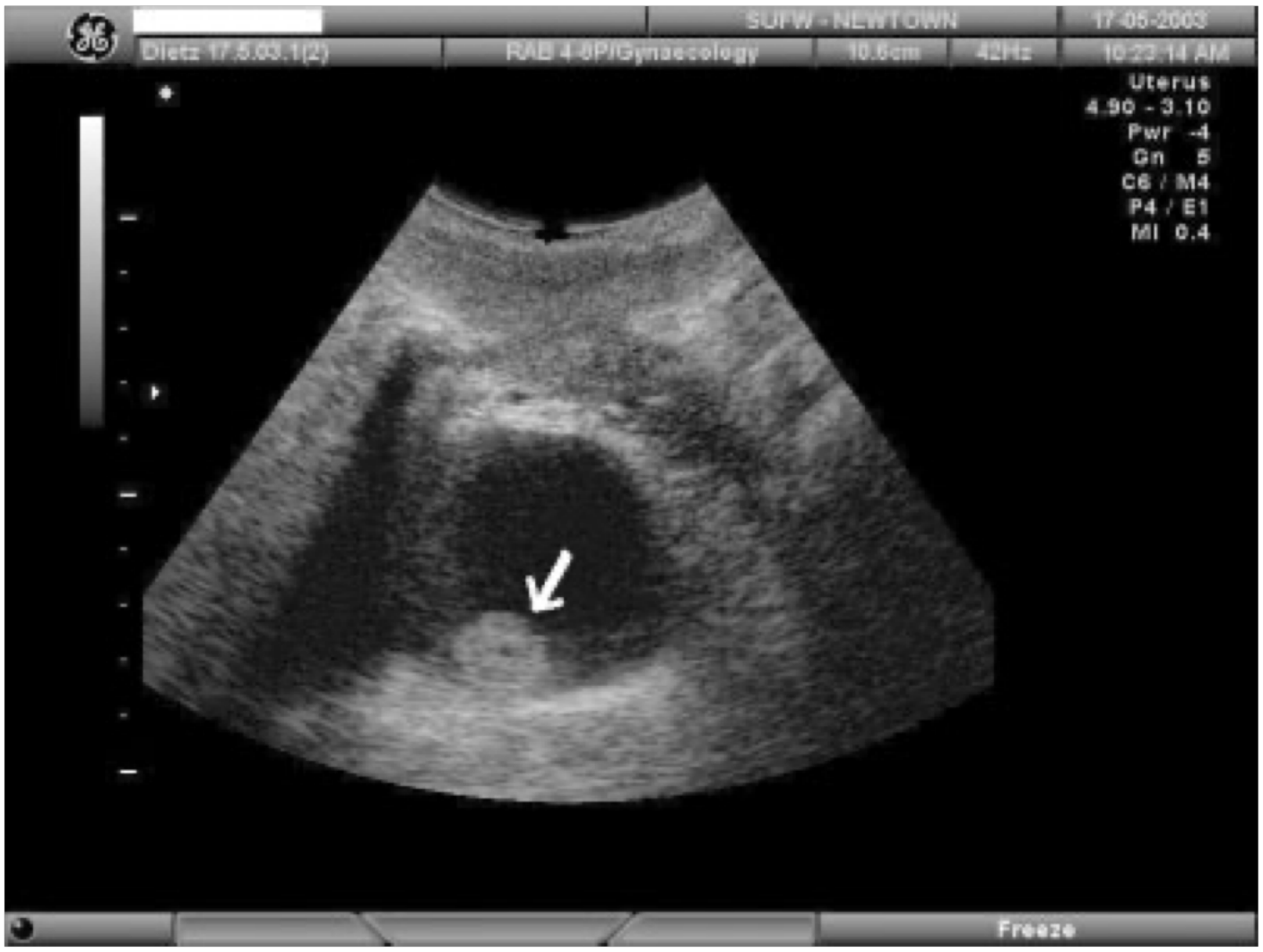
Map 3
DymRg 50dB
Persist Med
Fr Rate Med
2D Opt:Res

TRANS LABIAL









SIEMENS
SAG

Royal Hosp for Women
10.27.36 13.11.00
MI 1.5



3.5C40H/2.0
GYN
100%
16dB RS3
10.0cm 9fps
Z

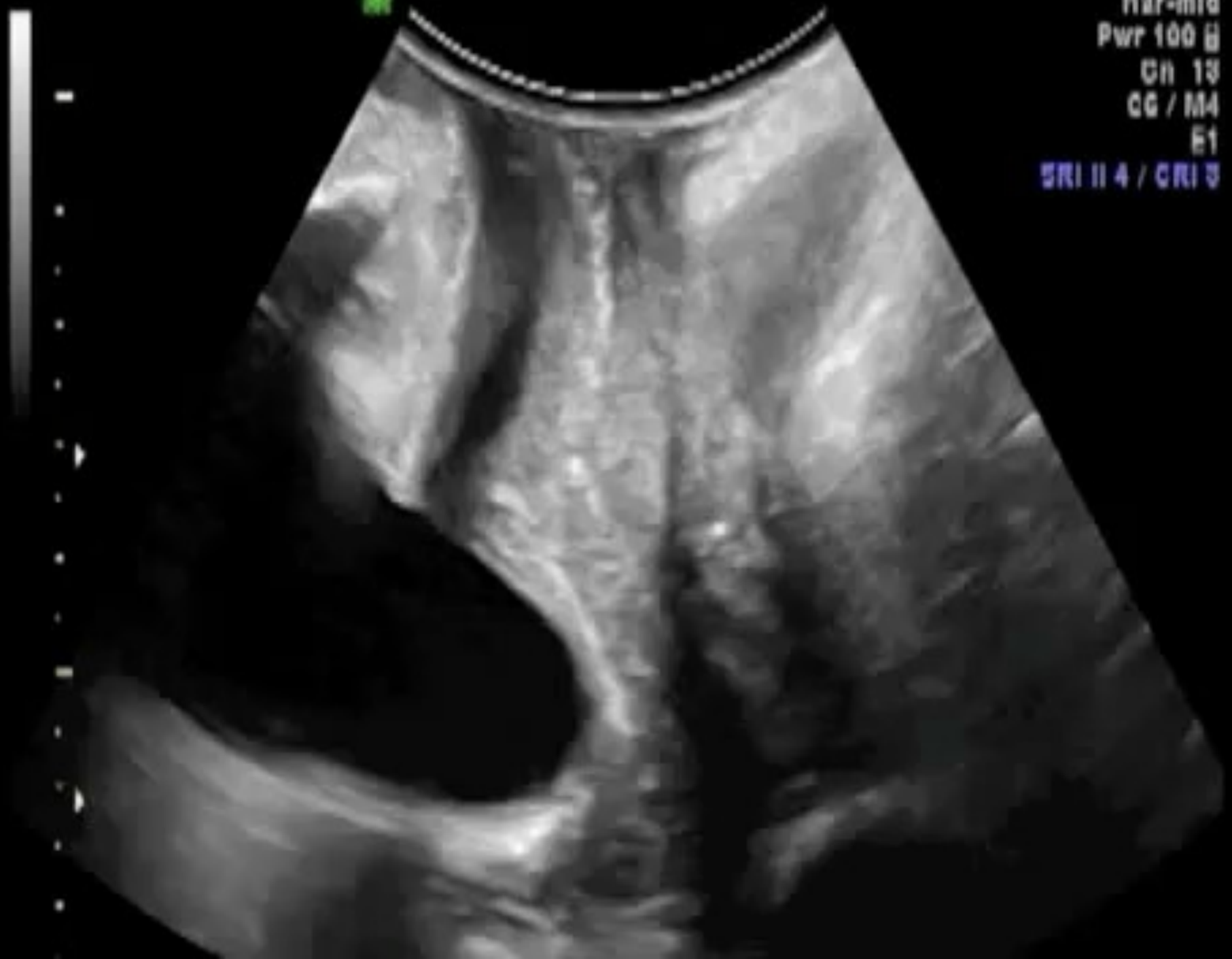
THI

VAULT

NESH

Text

Har-mid
Pwr 100 ̑
Cn 13
CG / M4
E1
CRI 11 4 / CRI 3





196135 TK

ROYAL HOSPITAL FOR WOMEN

C4-2 40R OB/OBSTZ

01 Oct 99

1:43:37 pm

T1b 1.2 MI 1.2

18 Hz 7.0 cm

Map 3

DynRg 40dB

Persist High

Fr Rate Med

2D Opt:Res

Col 70% Map 1

WF Low

PRF 2500 Hz

Flow Opt:Med V



+38.4

-38.4

cm/s



10056-06-08-08-2

RAB 4.8LJO

Mt 1.2

University of Sydney

8.5cm / 35Hz

Tlx 0.1

18.09.2006 07:04:50 PM

COMP



3rd Trim.
Har-low
Pwr 100 %
Gm 16
CG / MB
E2
SRI 4 / CRI 2



4C1
OB
0 dB
THI 4.4 MHz
DR 60 dB
Edge 1
Persist 3
R/S 2
Map H
Tint 0
ASC 3
DTCE Med
DTO 1
26 fps



D = 21.6mm

15 cm Z

F1

IVF EAST

T130.2 T100.2 T100.2 MID.8
10.04m2001
08:50:58AM

CE7-8.0
18Hz



B GAIN

FCS POS ● MODE SEL

4 / 72
8.0cm



J95

10358-06-08-23-1

RAB 4-8L/OB

MI 1.2

University of Sydney

6.6cm / 34Hz

TIs 0.1

23.08.2006 01:55:14 PM

COMP

3rd Trim.

Har-low

Pwr 100 %

Gn 13

C6 / M8

E2

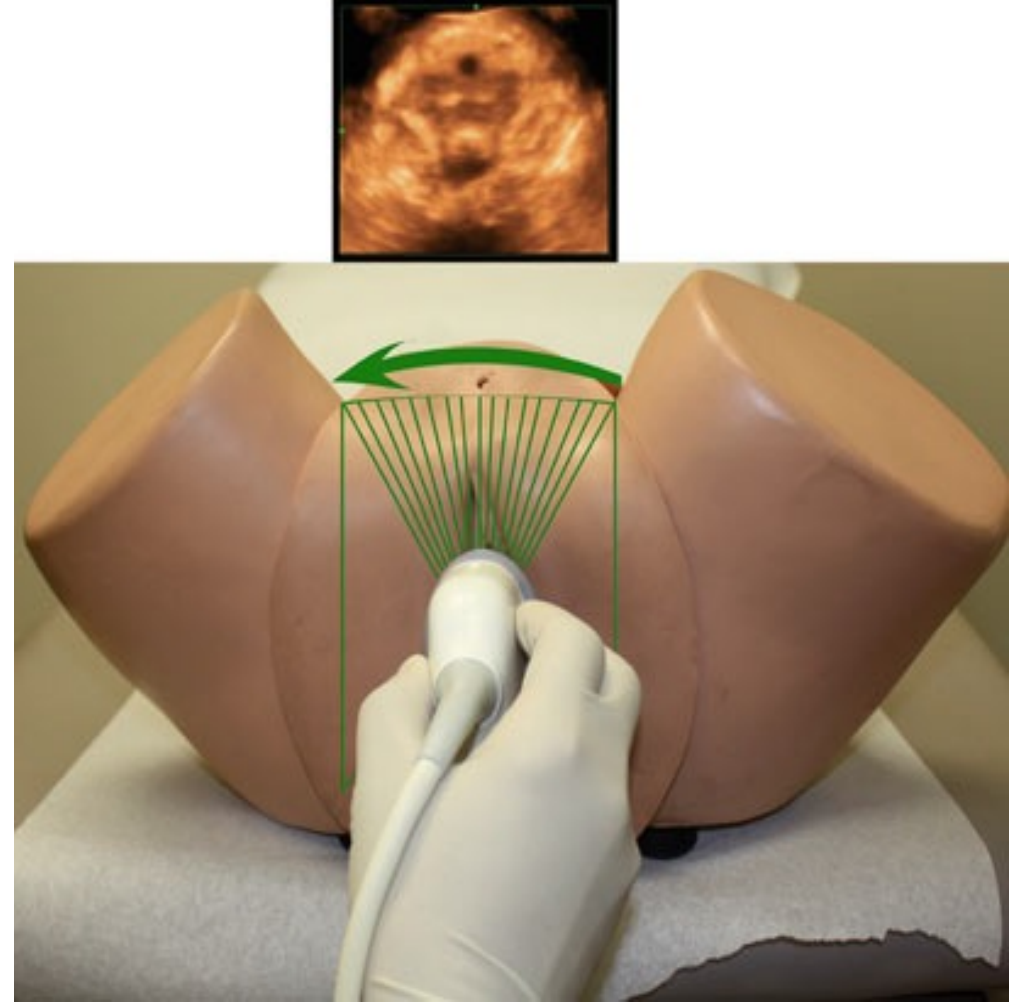
SRI II 6 / CRI 4



5.1 sec

Teknik-Perineal/Translabial

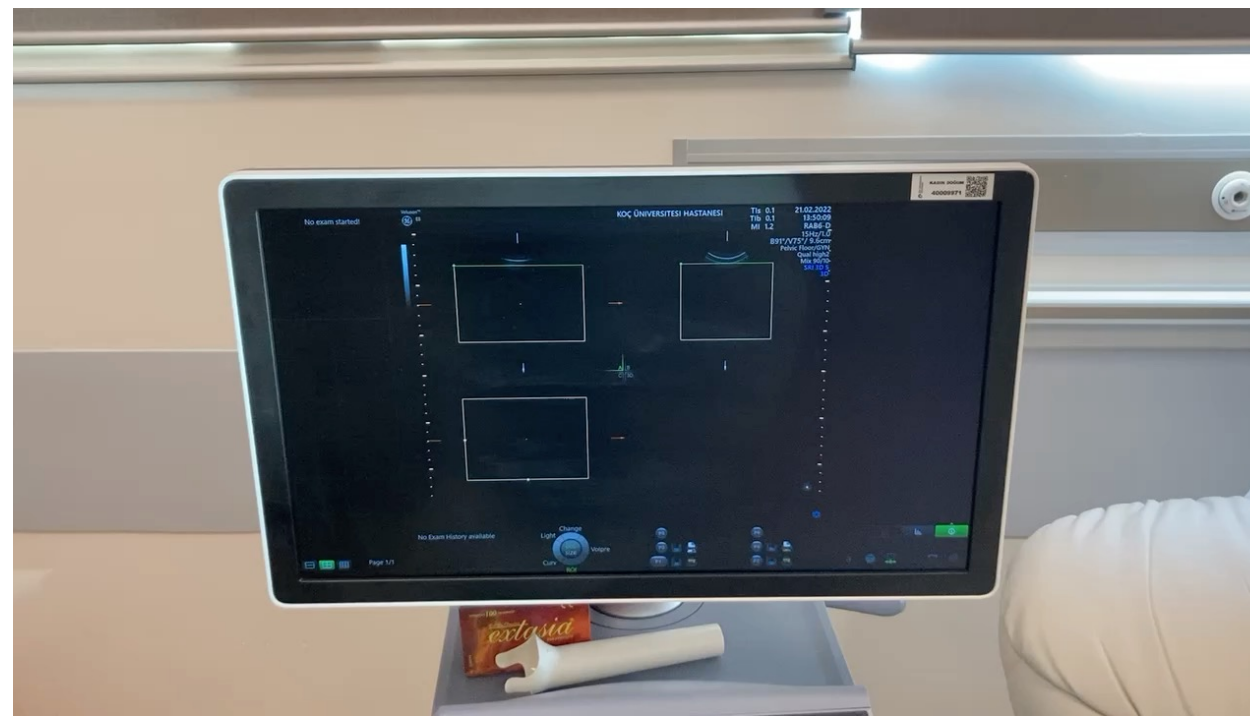
- 2-3 Trimester Obstetrik ayarları
- Boş mesane
- Supin-litotomi pozisyonu
- Böbrek-Çocuk ayarları kullanılabilir.
- Fokus: 2 focus 2-5 cm, Anal sfinkterde tek yüzeye yakın
- Acquistion Volume 70-85°
- Harmonik
- SRI: Speckle Reduction Imaging
- CRI: Crossbeam Imaging
- Ayarları 2D de ayarlayın
- Probu forchette sıkıca yerleştirin
- Hipertrofik labiumları aralayın
- ROI (İlgilenen alanı ayarlayın)
- Hiperekojen yapı levator plağı

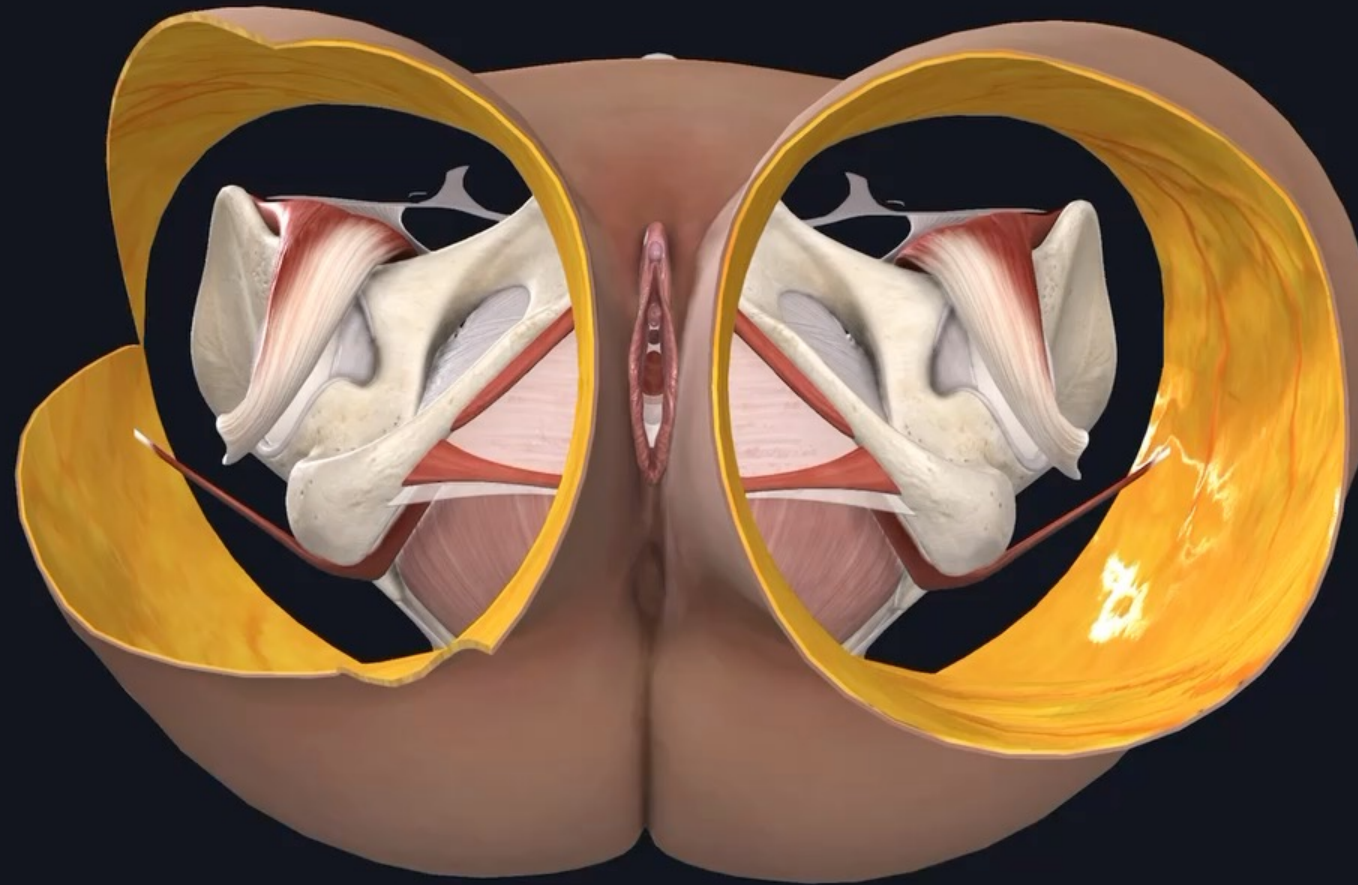


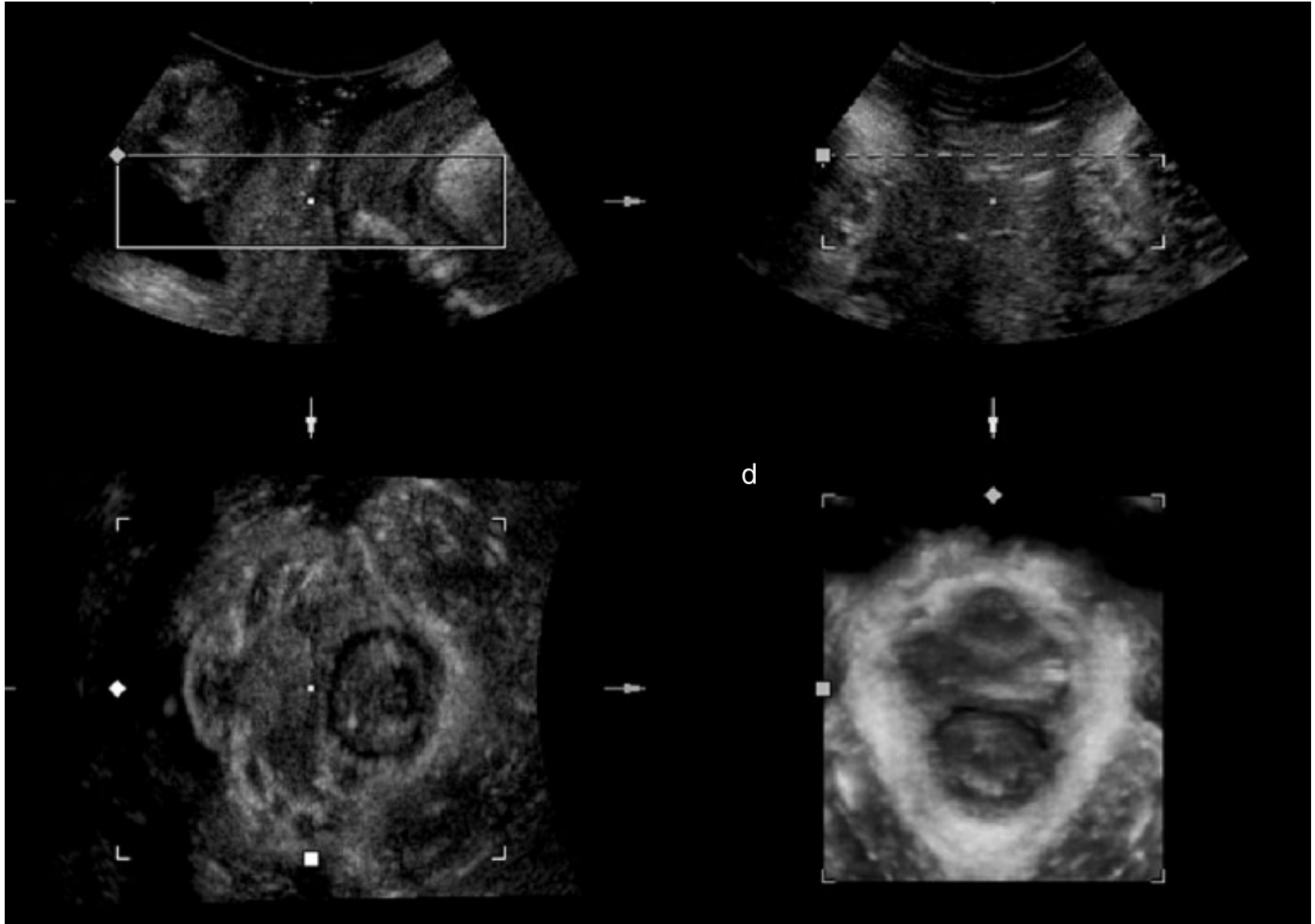
Bir Őey gremiyor musunuz?

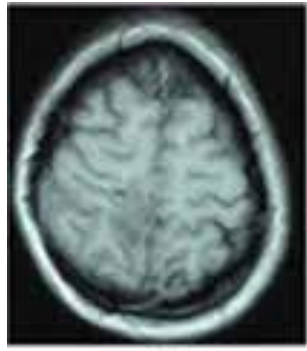
Grnt iyileŐtirme

1. Probun zerini uygun bir materyal ile rtn
 - Kondom-pudrasız eldiven-Streć film
2. AlıŐtıđınız imaj oryantasyonun sađlayın, parmak ile sađ sol dođruluđunu kontrol edin , gain ayarlar ile oynayın
3. Probun perine ile sıkı temas halinde olduđunu kontrol edin. ćok Bastırmayın, labiumları aralayın
4. Prob ile kılıf arasında hava kalmıŐ olabilir.
5. Rektum dolu olabilir/ DıŐkı tıkacı oluŐmuŐ olabilir.-Lavman
6. Harmonik
7. SRI-Speckle Reduction Imaging –Karıncalanma Azaltma
8. CRI- Crossbeam Imaging-

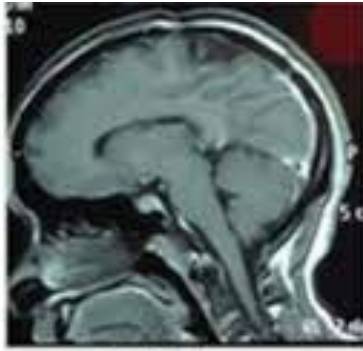




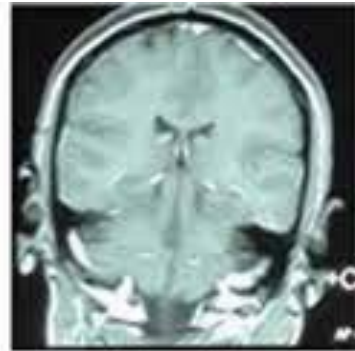




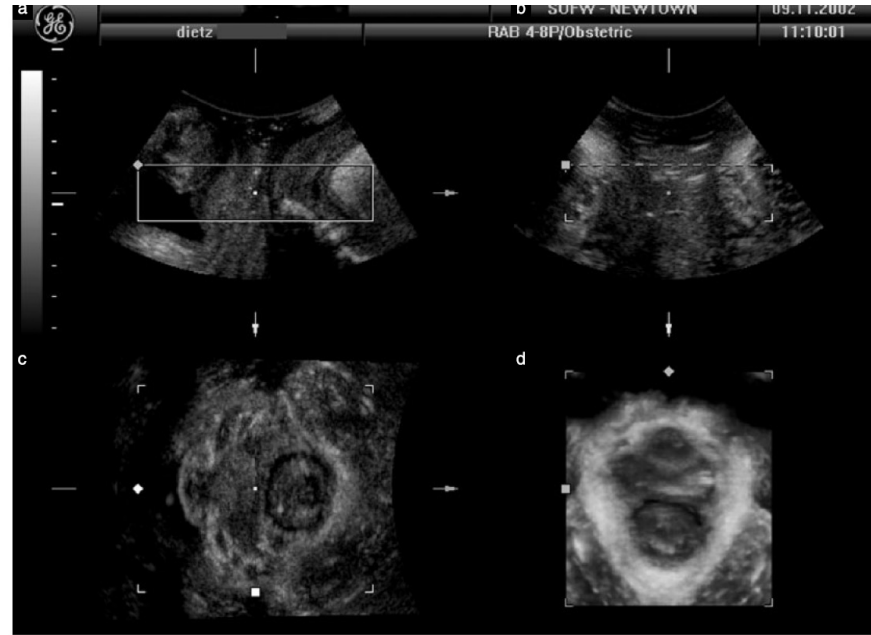
axial



Sagittal



Coronal





Freq. Perfect PF

Dietz12.9.05.1

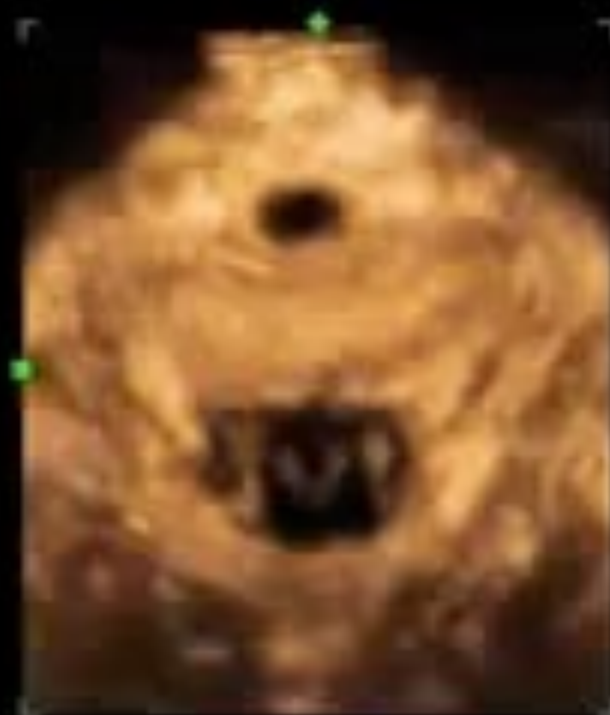
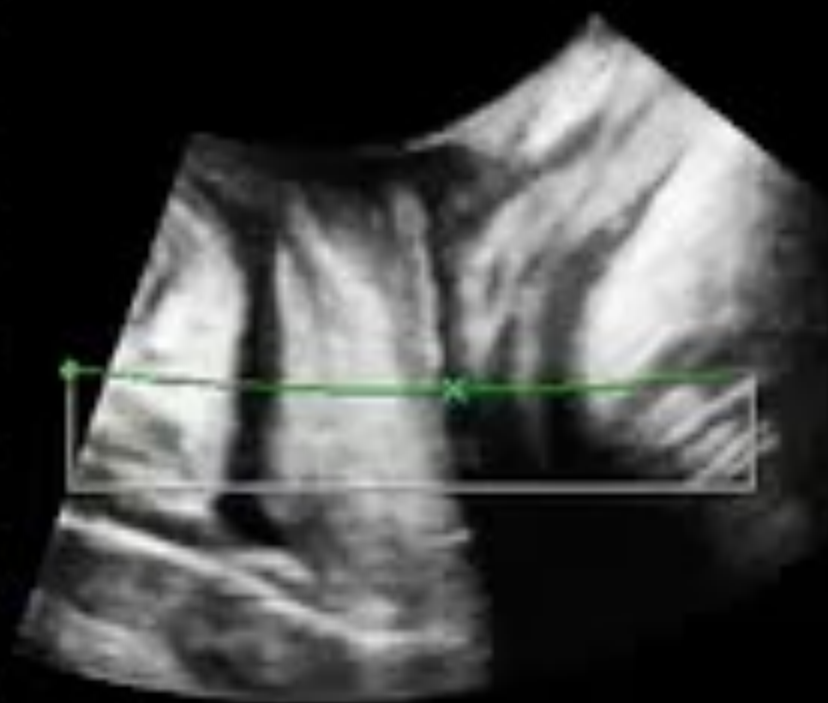
RAB 4-8L/Gynecology

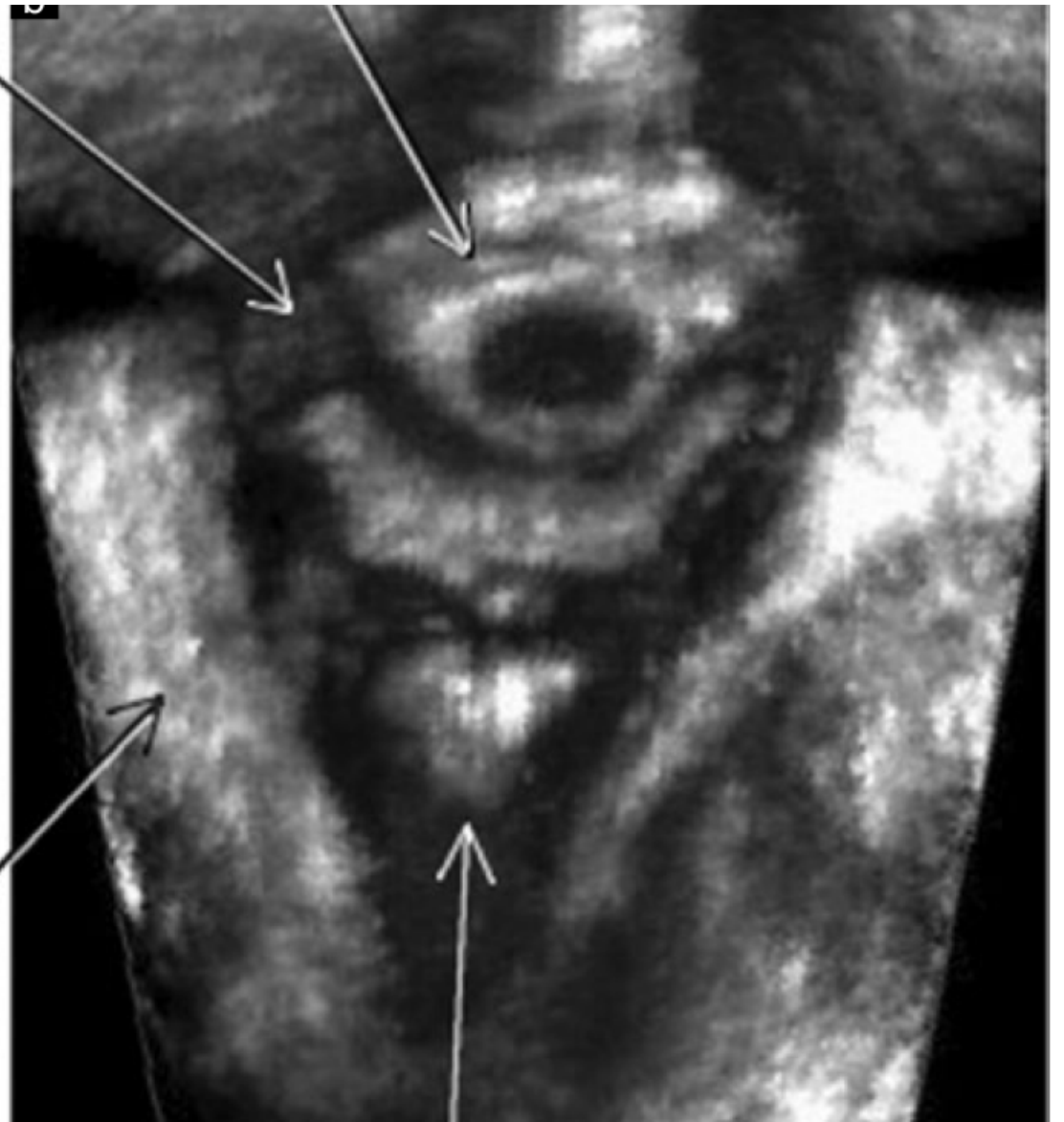
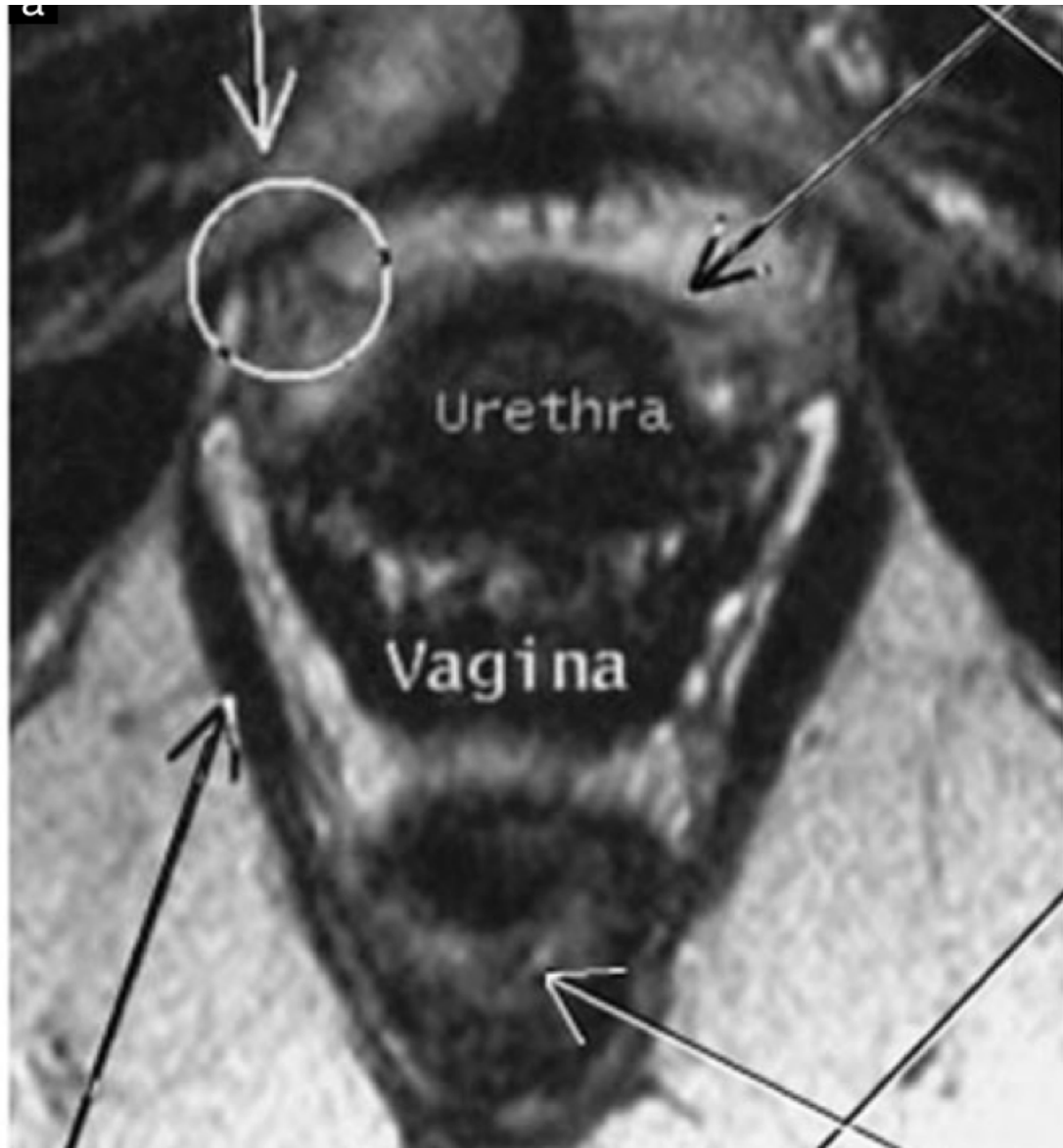
0.2/ 6.8cm / 2Hz

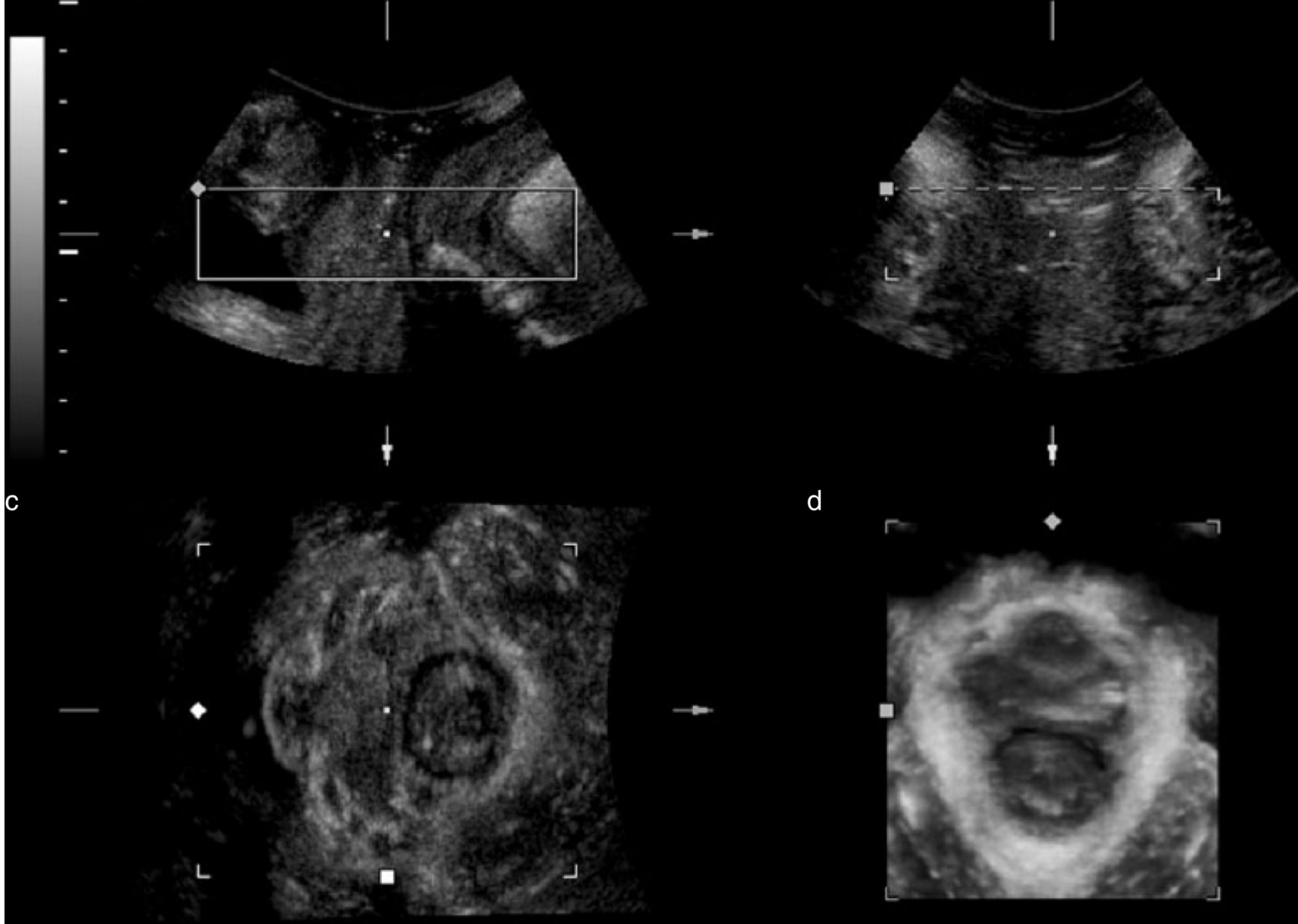
University of Sydney

12.09.2005

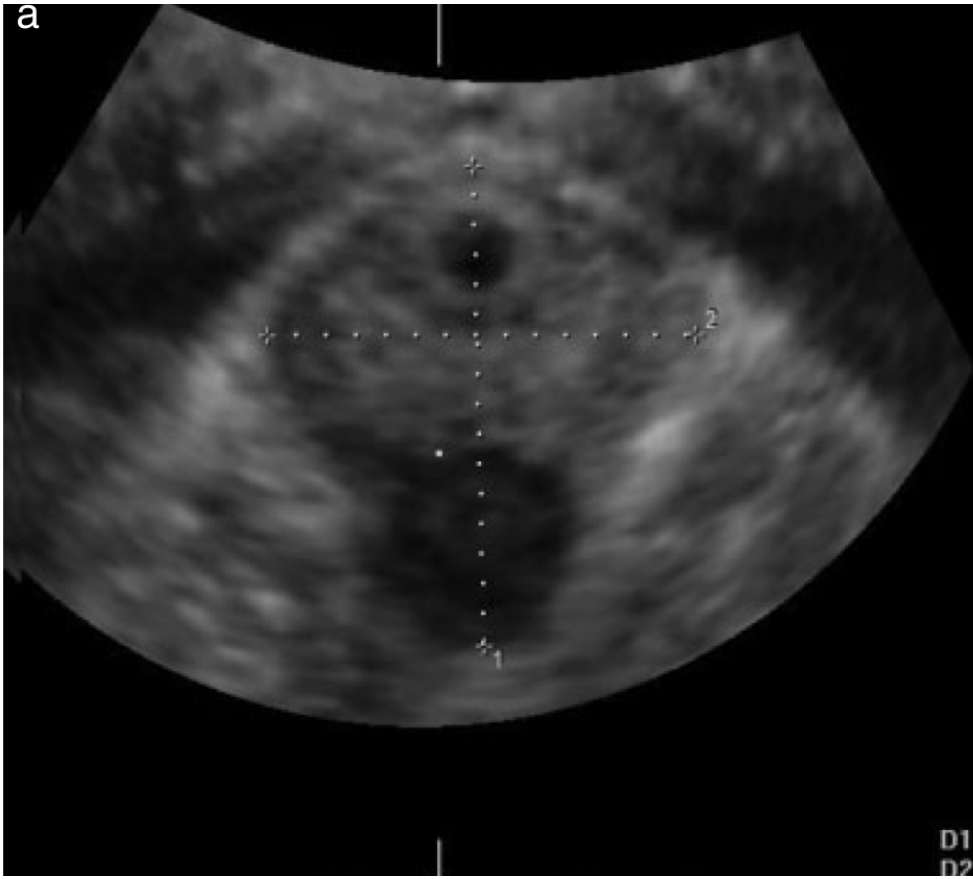
09:37:51





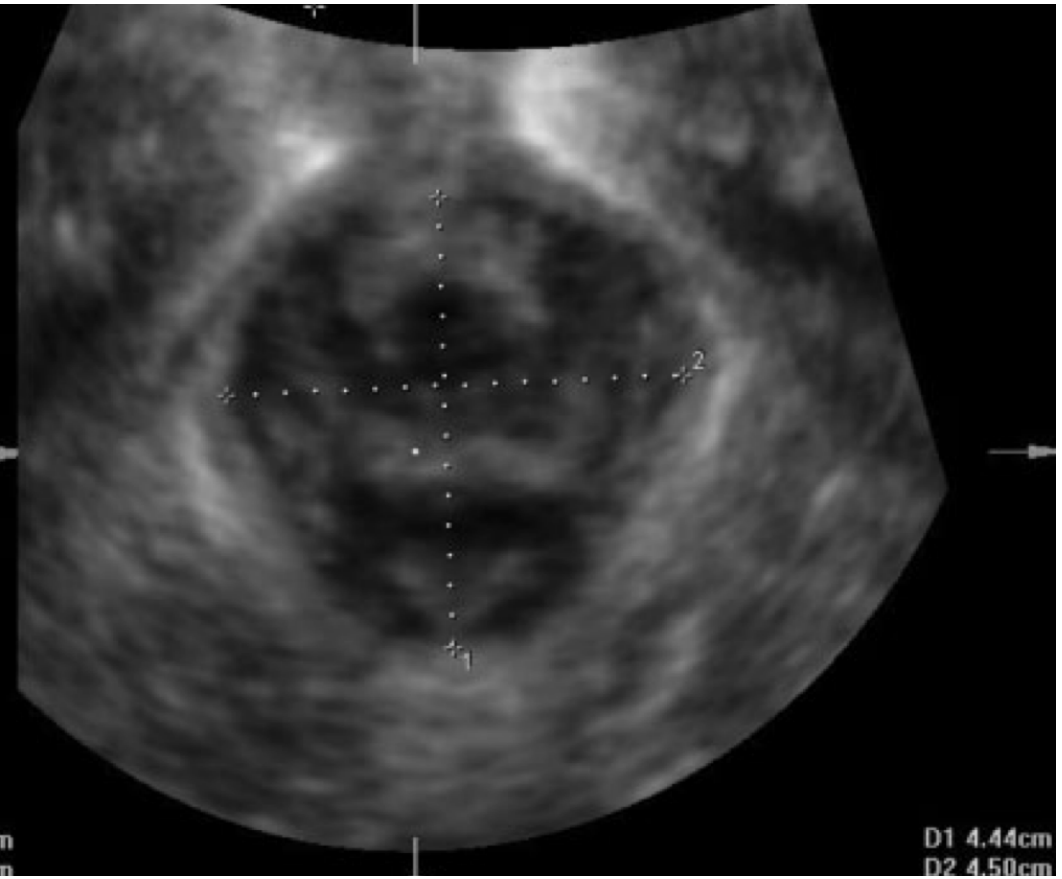


a

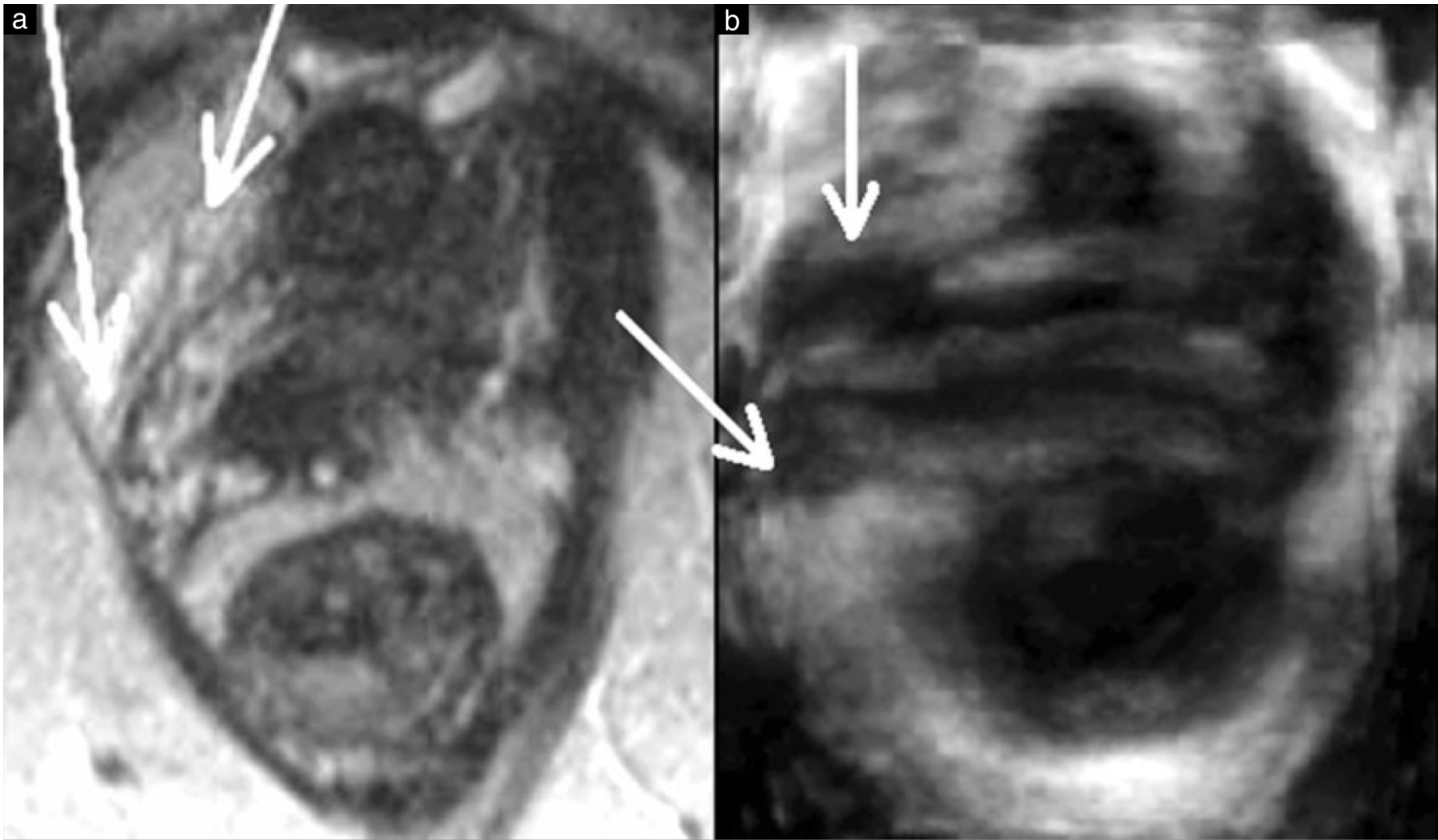


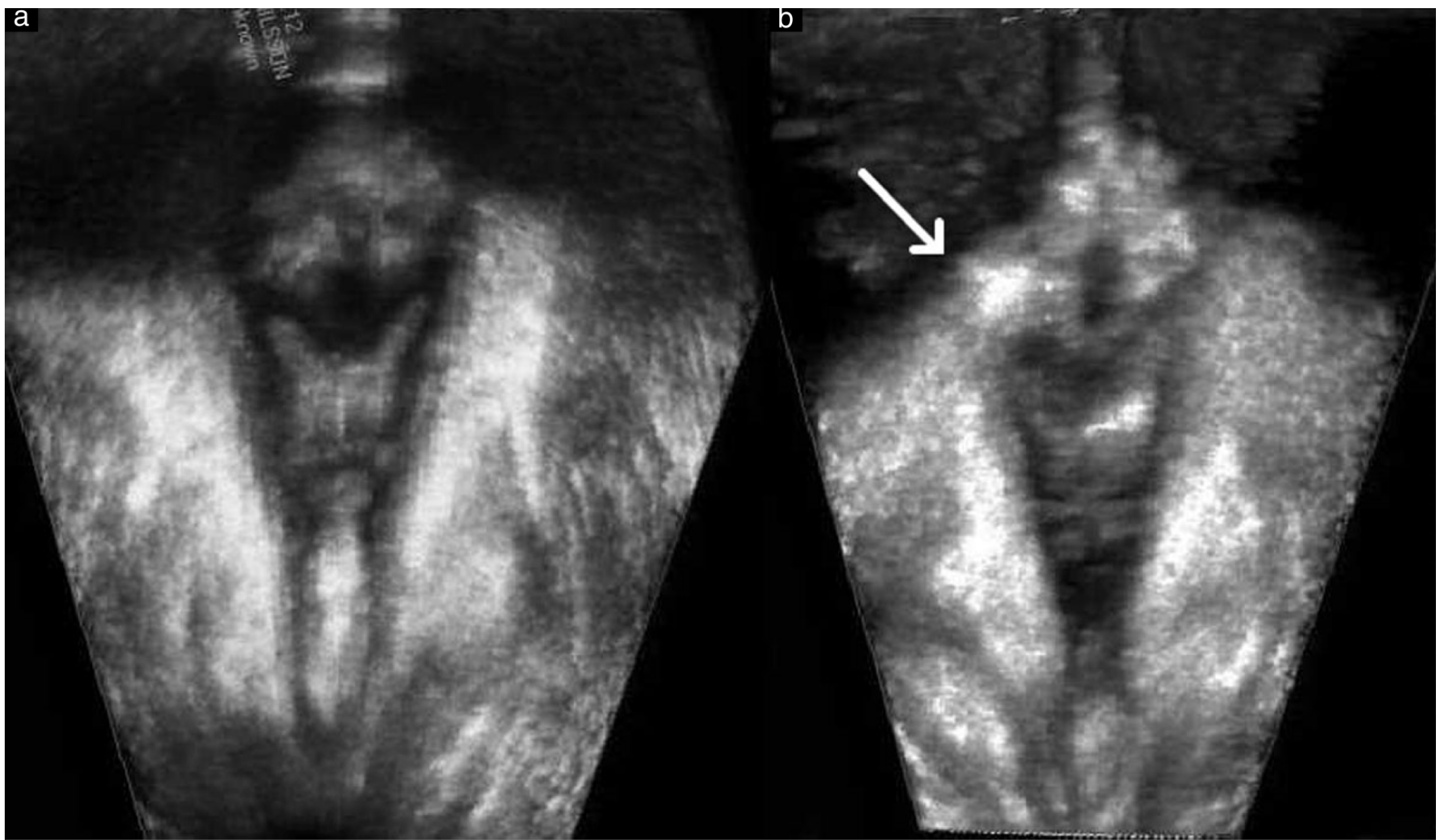
D1 4.74cm
D2 4.22cm

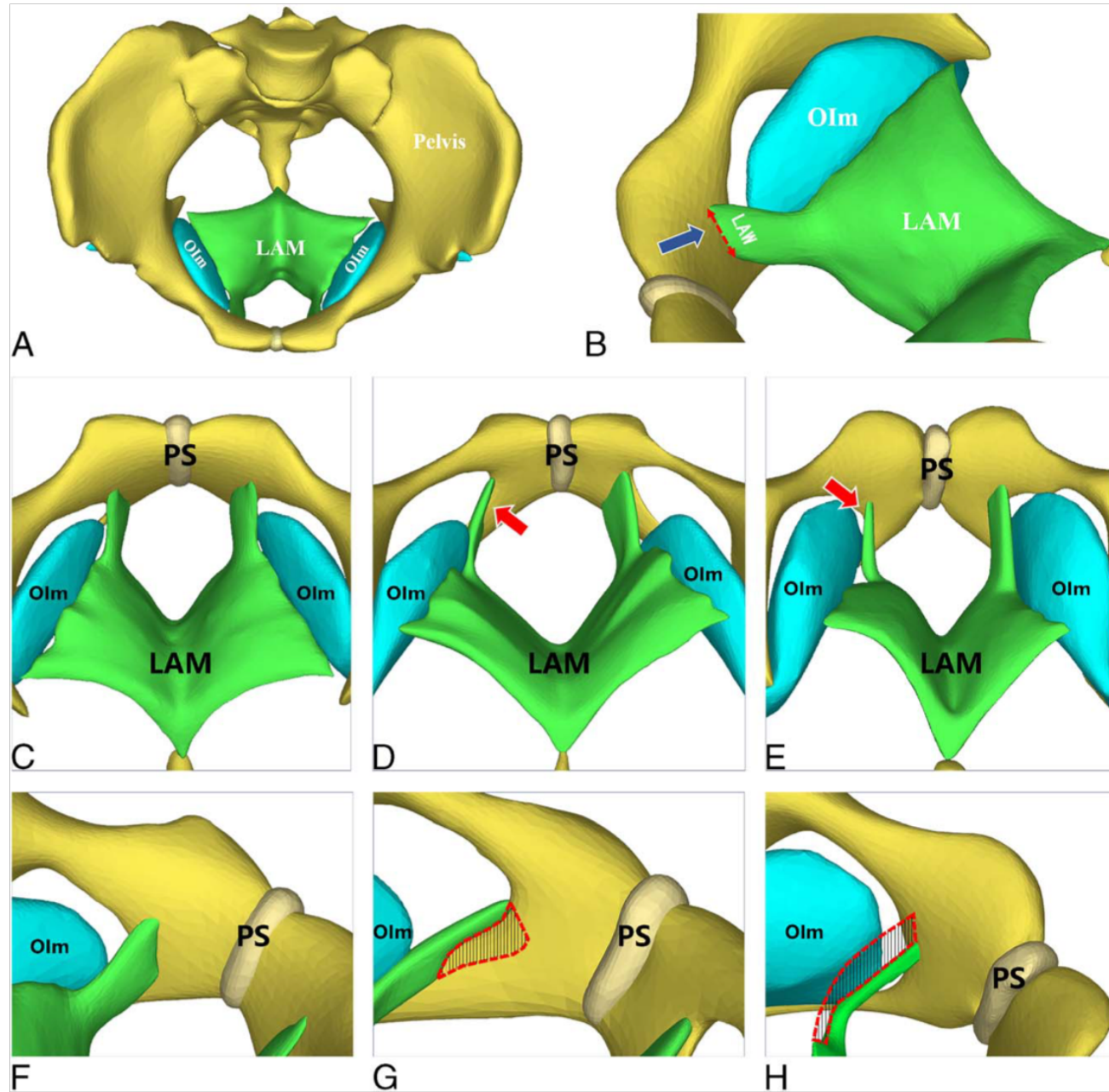
b

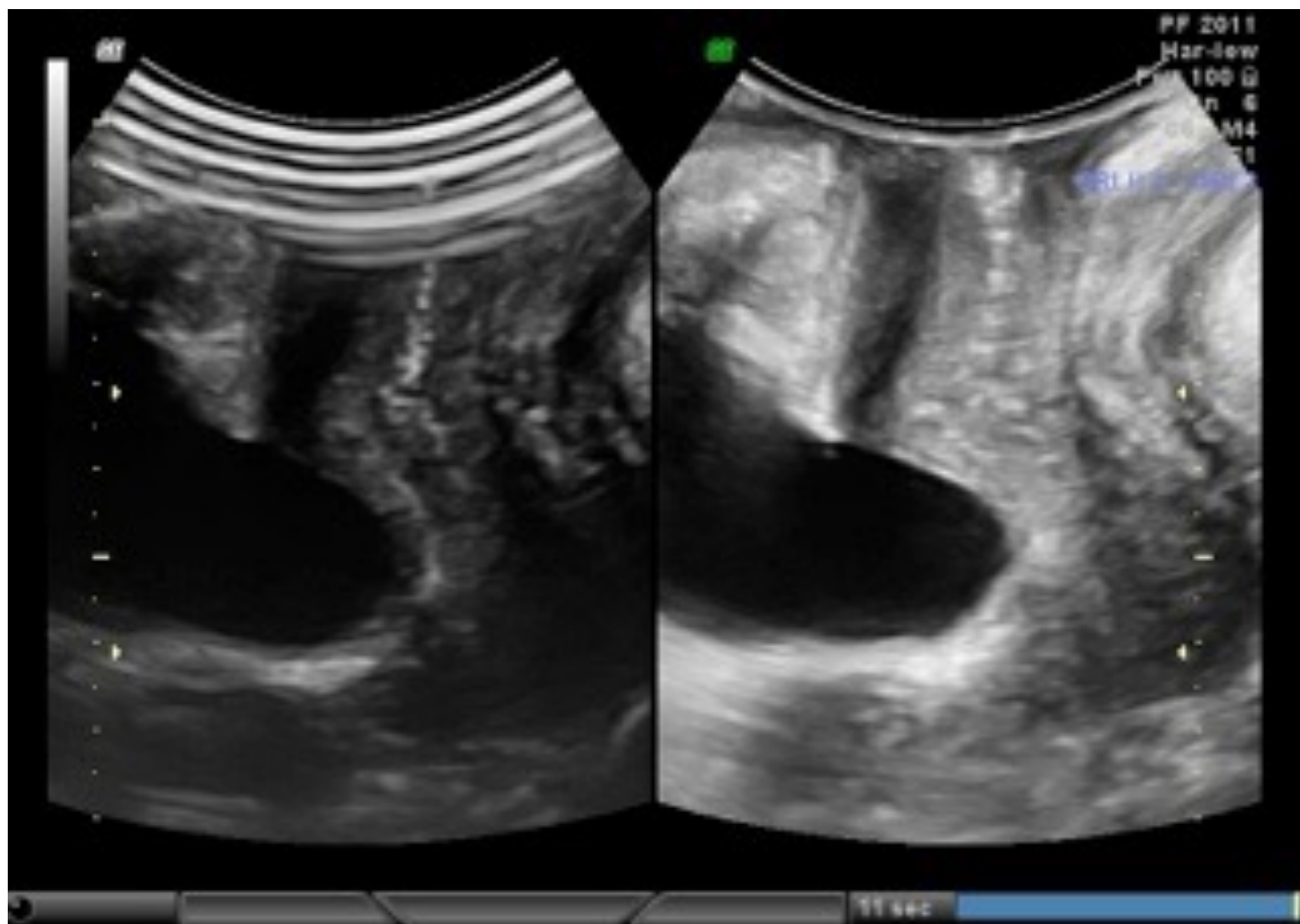


D1 4.44cm
D2 4.50cm











sample
0102.

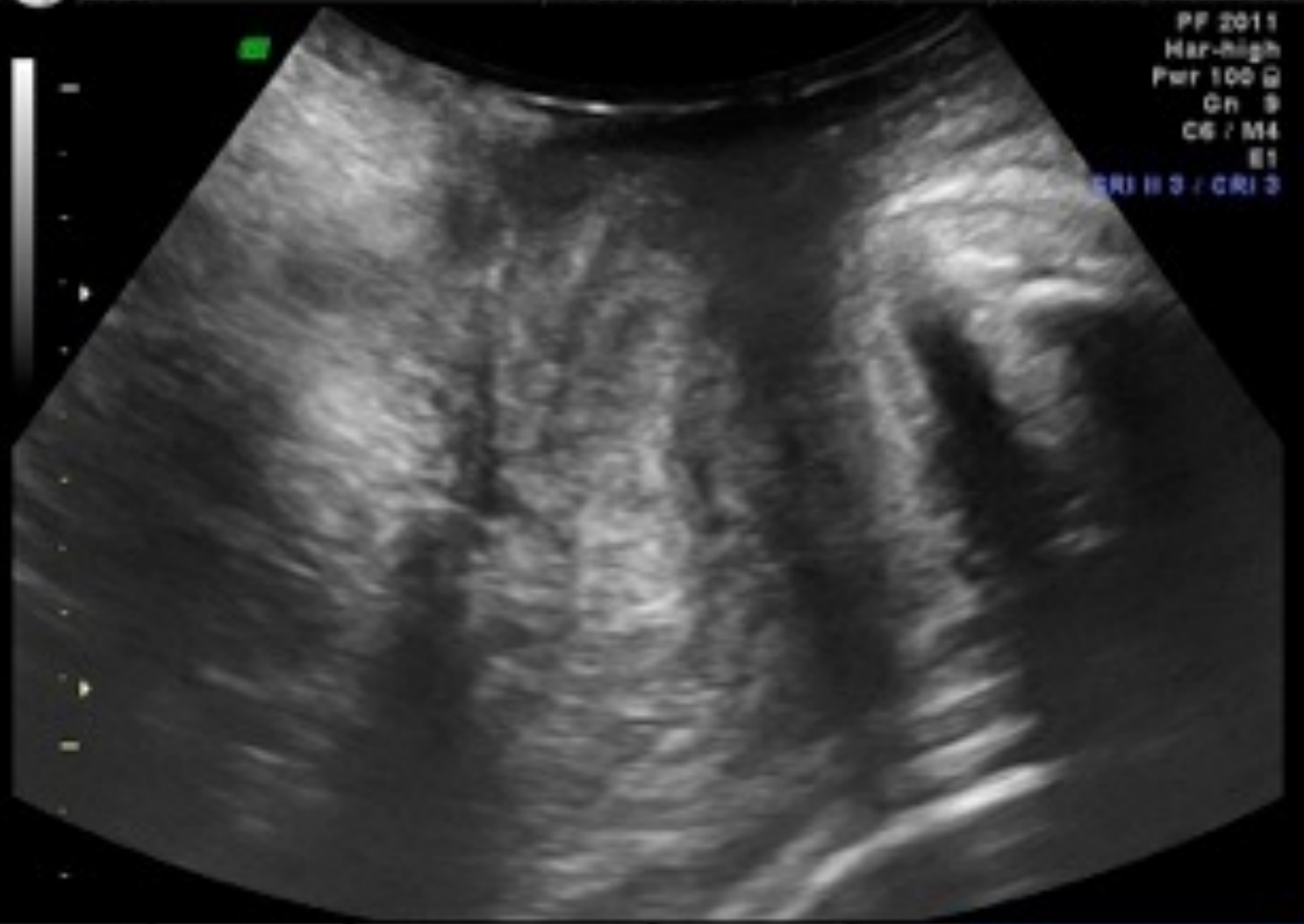
RAB 4-8L/3YN
6.6cm / 22Hz

Mt 1.2
T₁ 0.1

University of Sydney

09.05.2012 10:55:32 AM

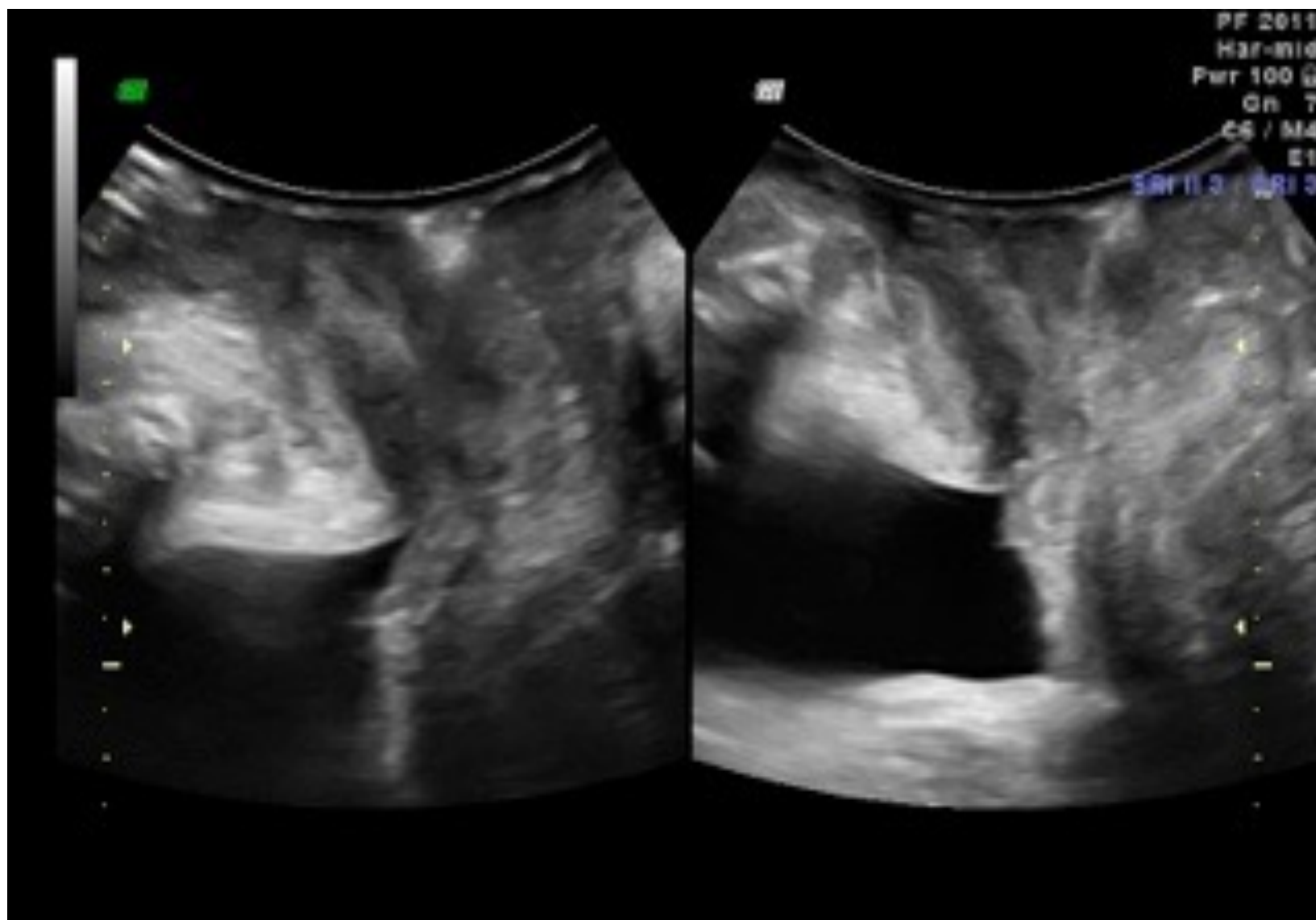
PF 2011
Mar-high
Pwr 100 G
Gn 9
CG / M4
E1
CRI 113 / CRI 3

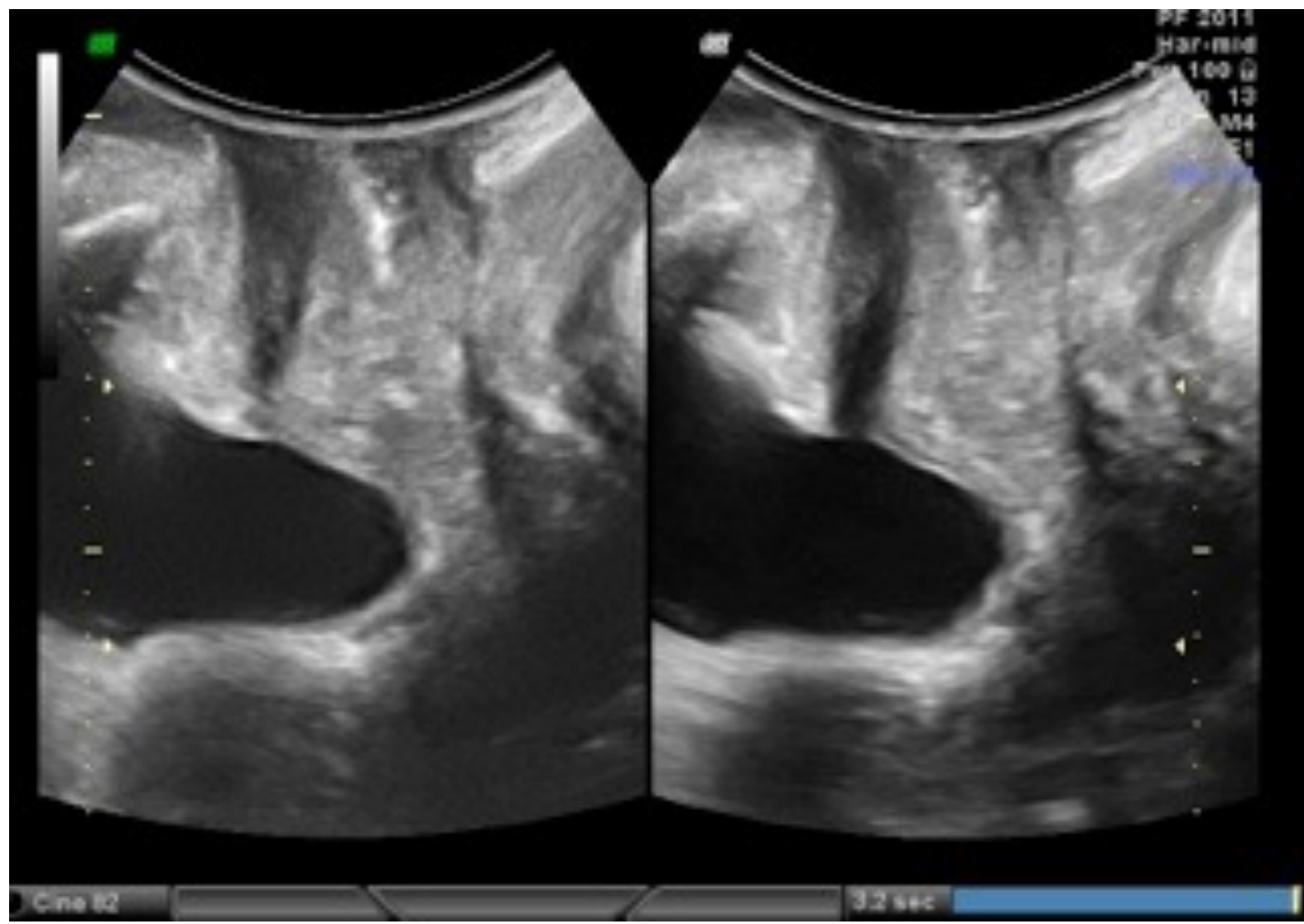


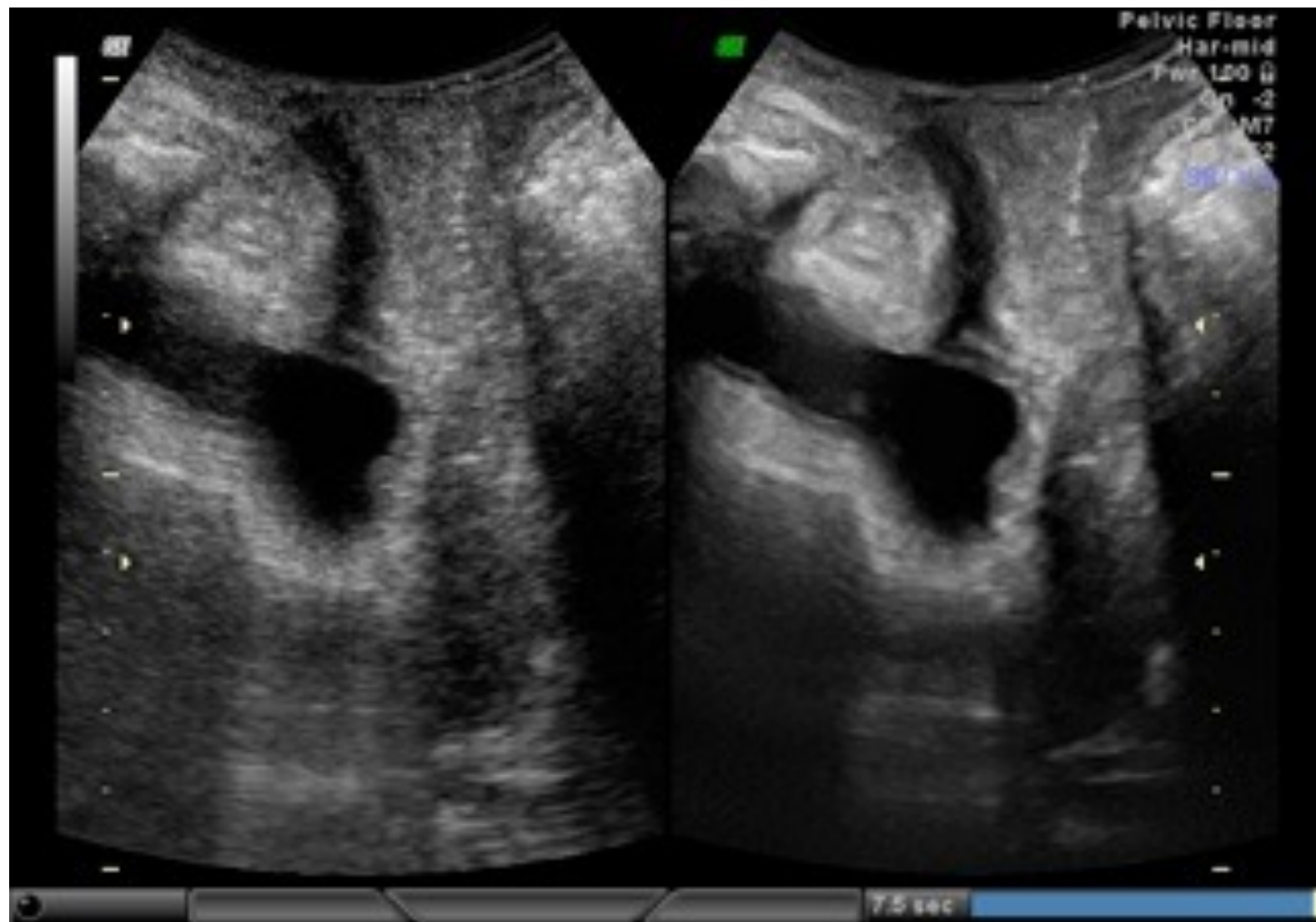
Cine 430

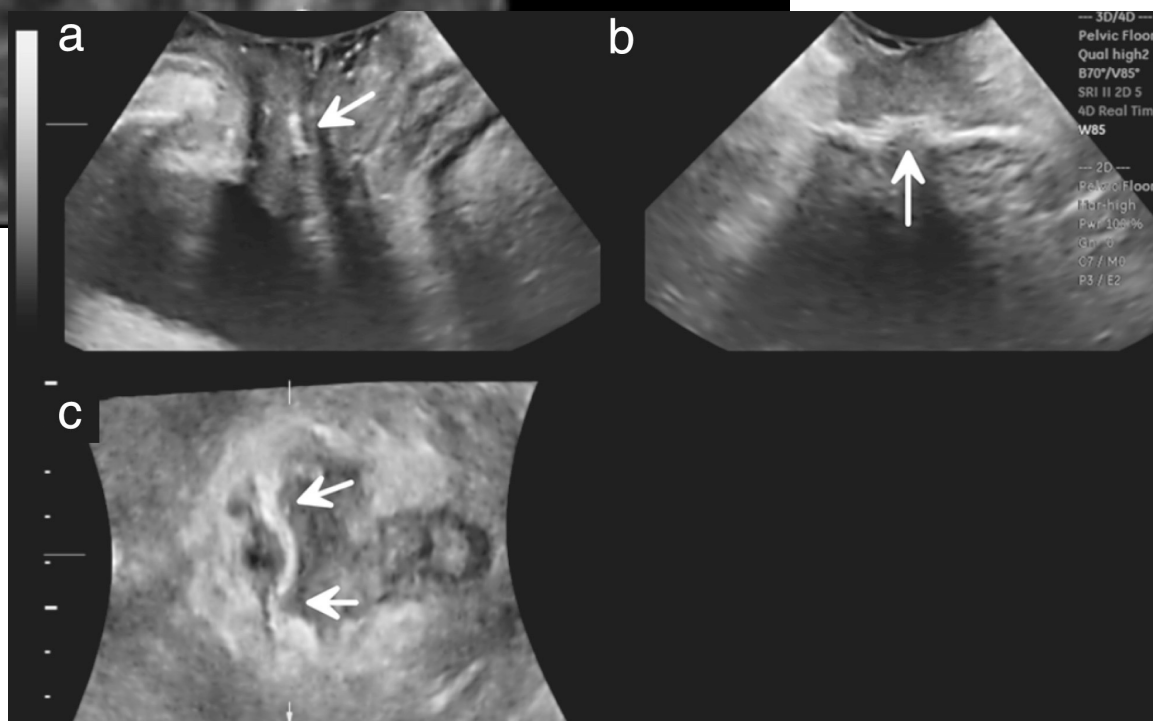
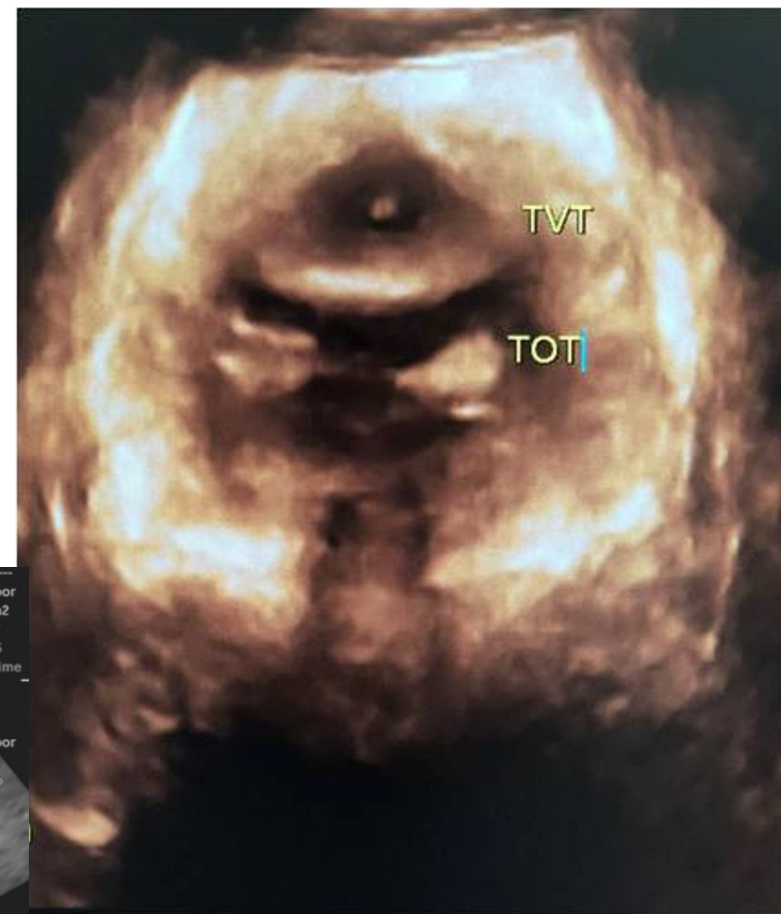
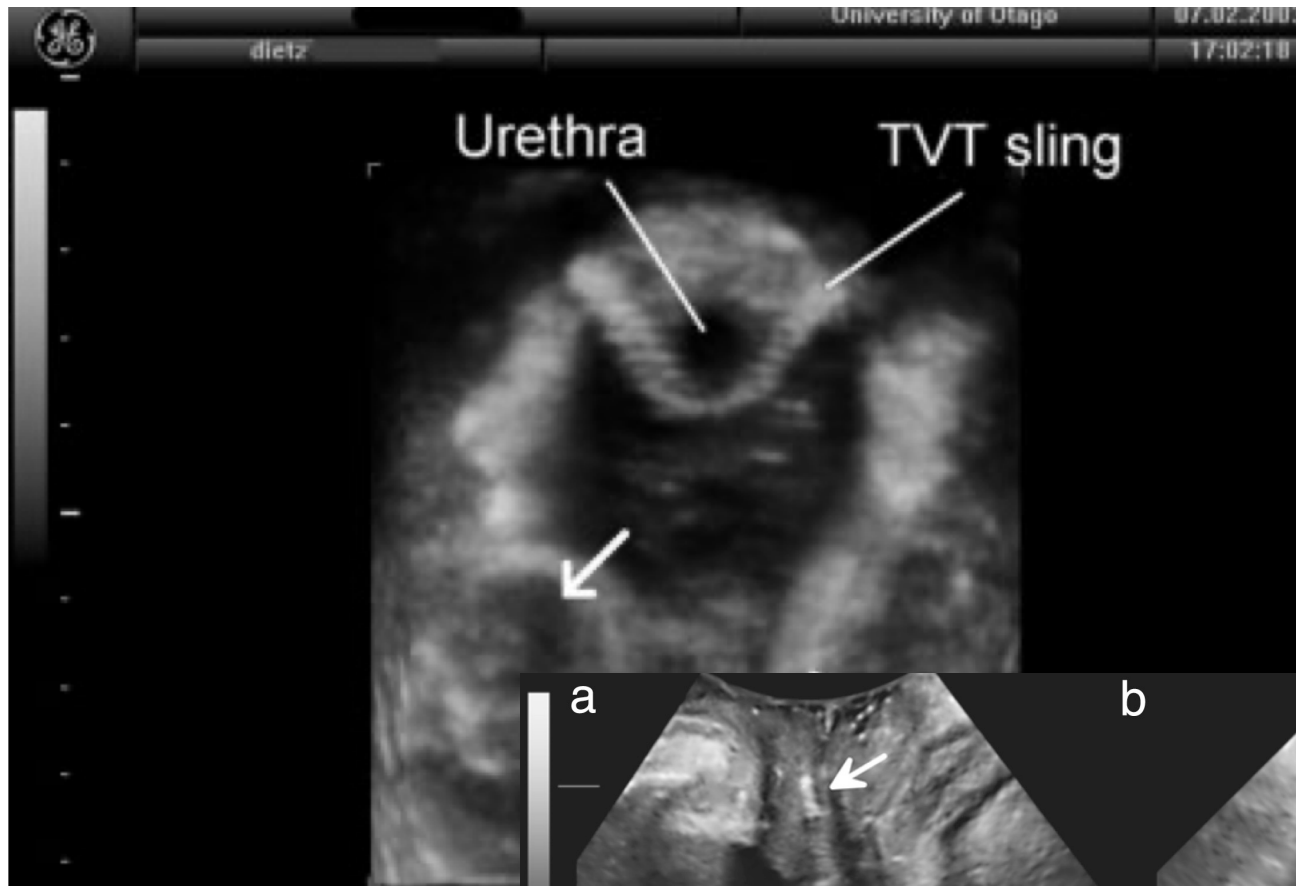
20 sec

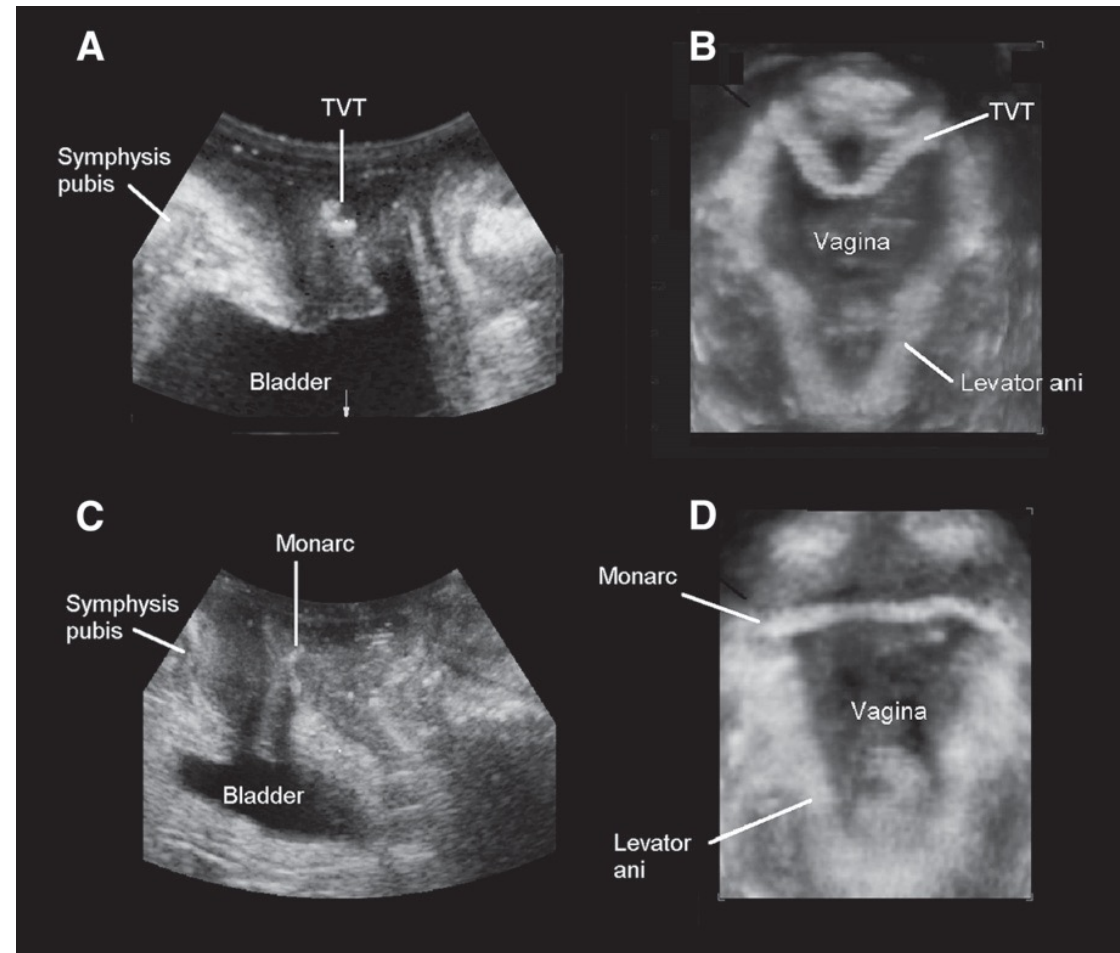


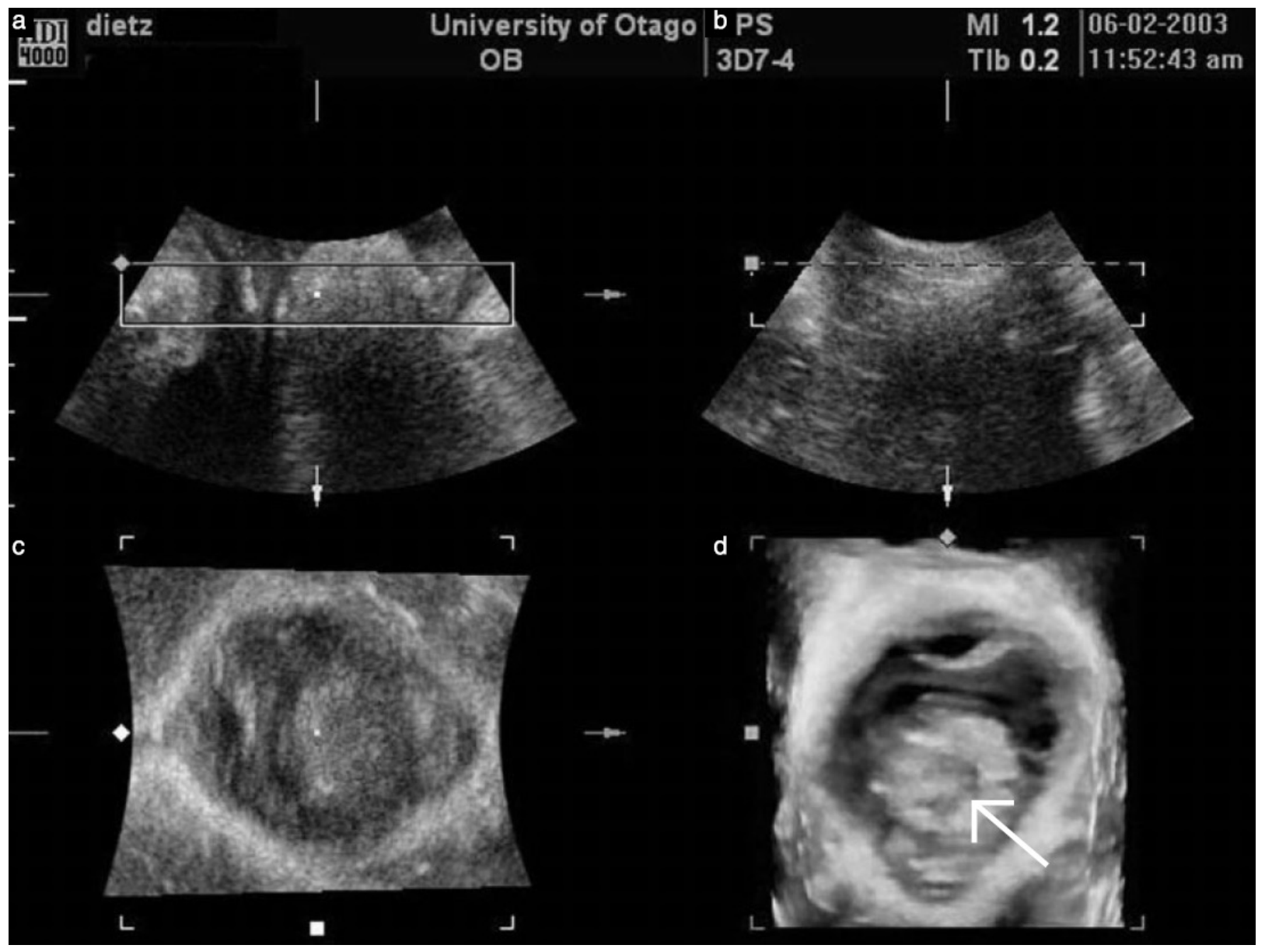




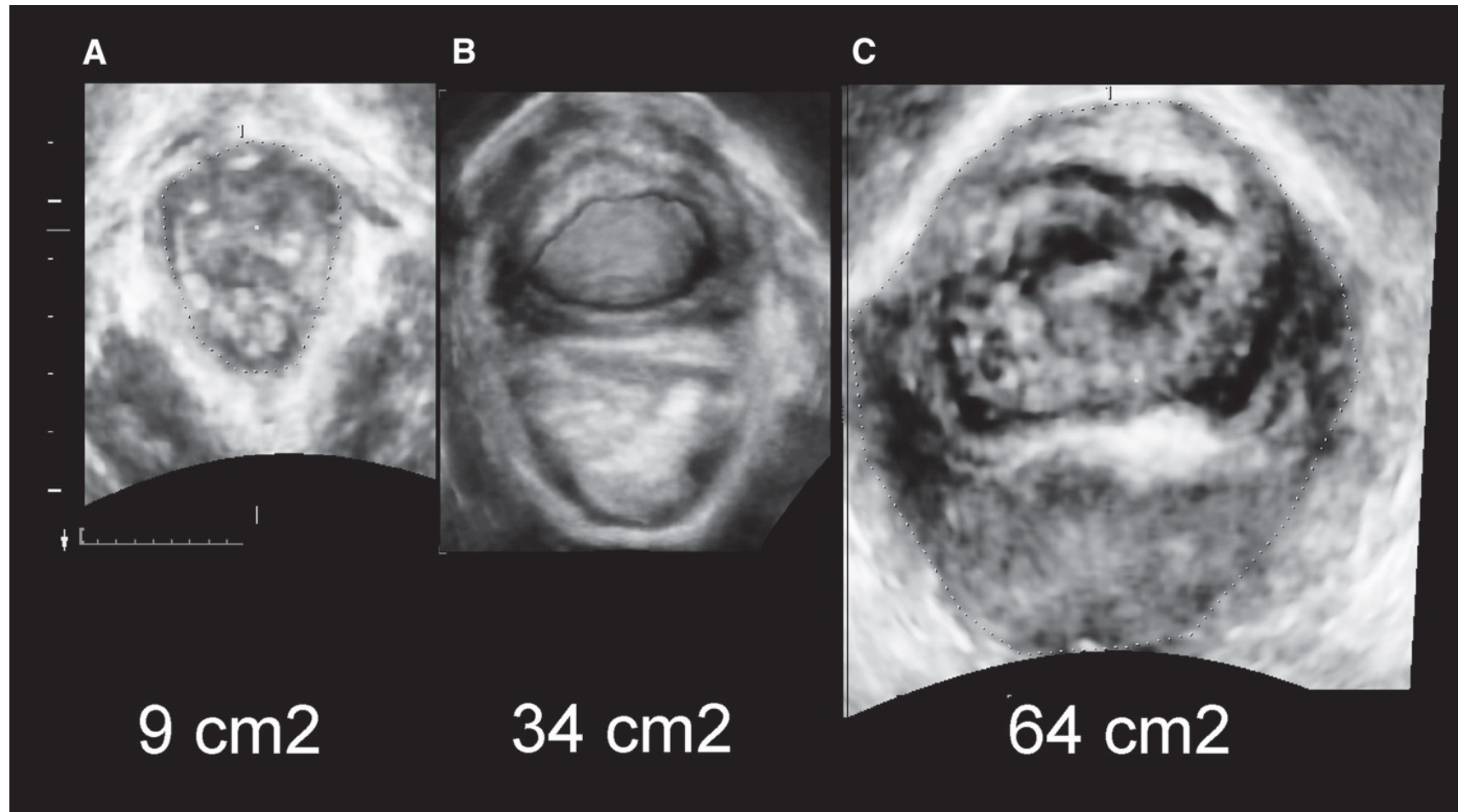








Balooning



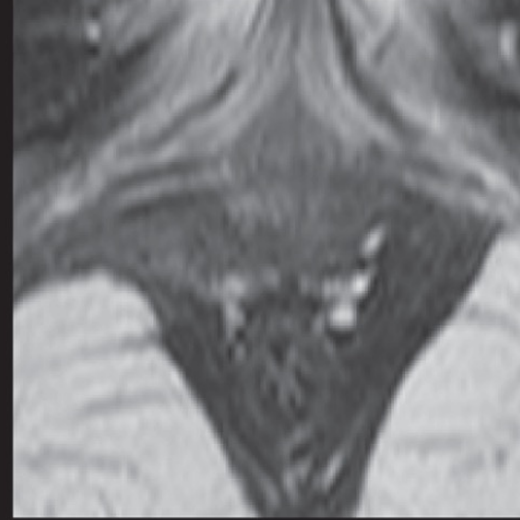
Levator kas hasarı-avülsyon



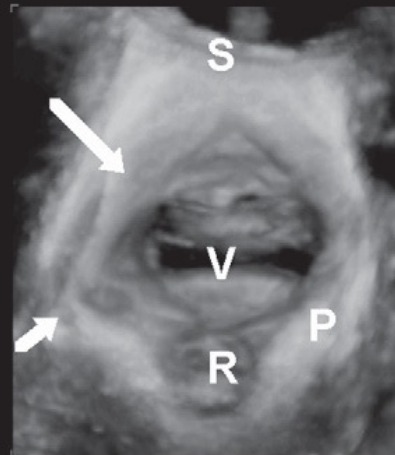
Clinical appearance



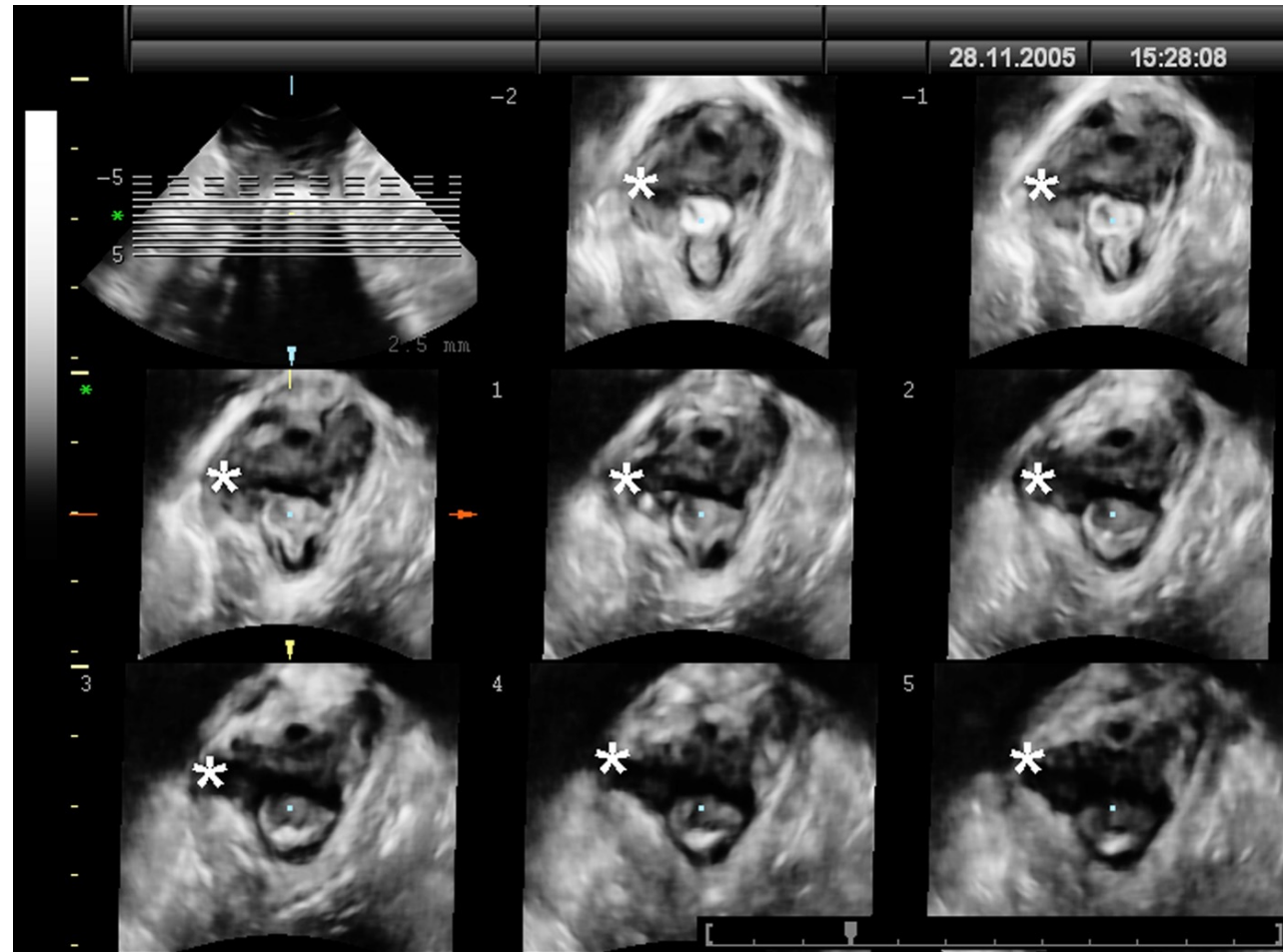
Axial plane Ultrasound



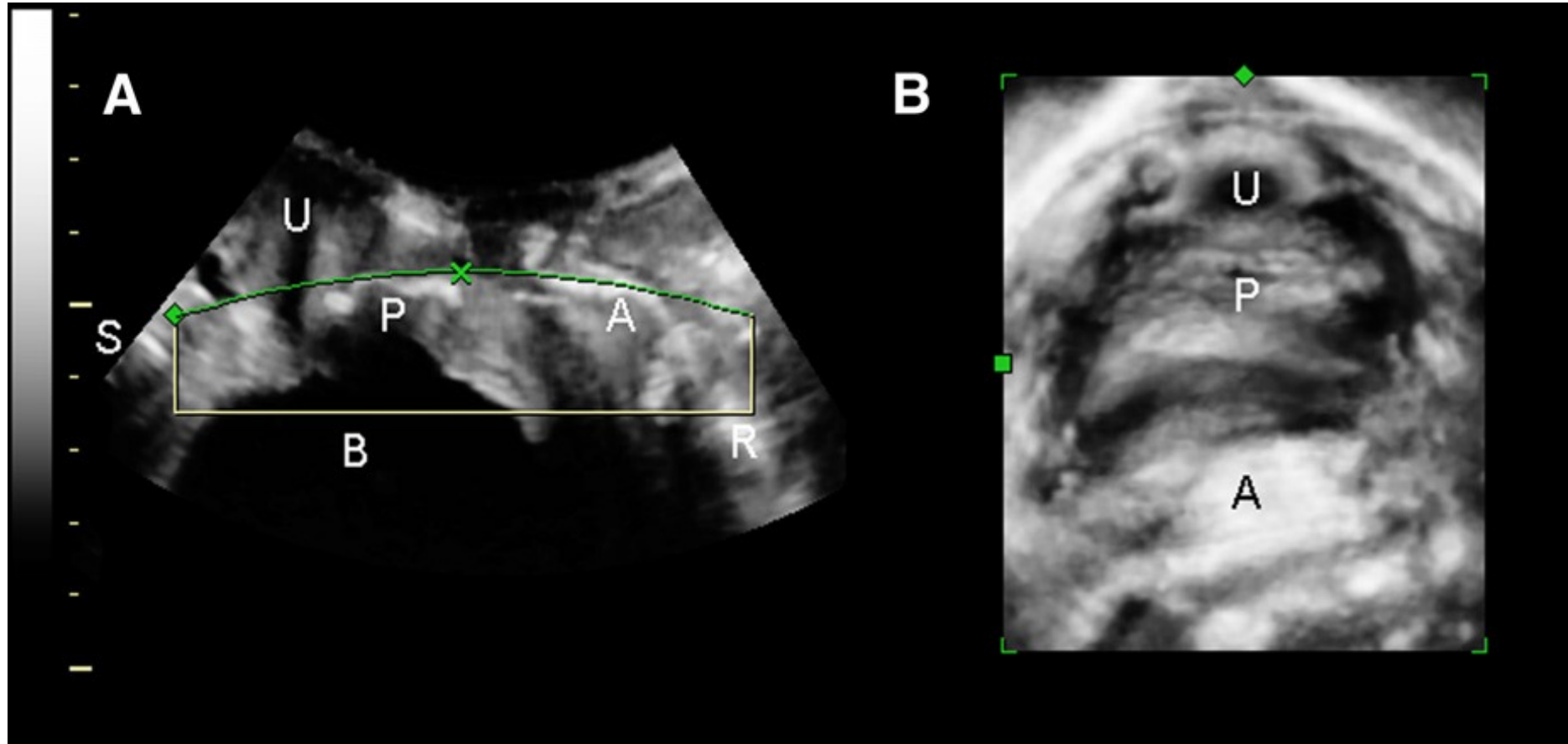
Axial plane MR



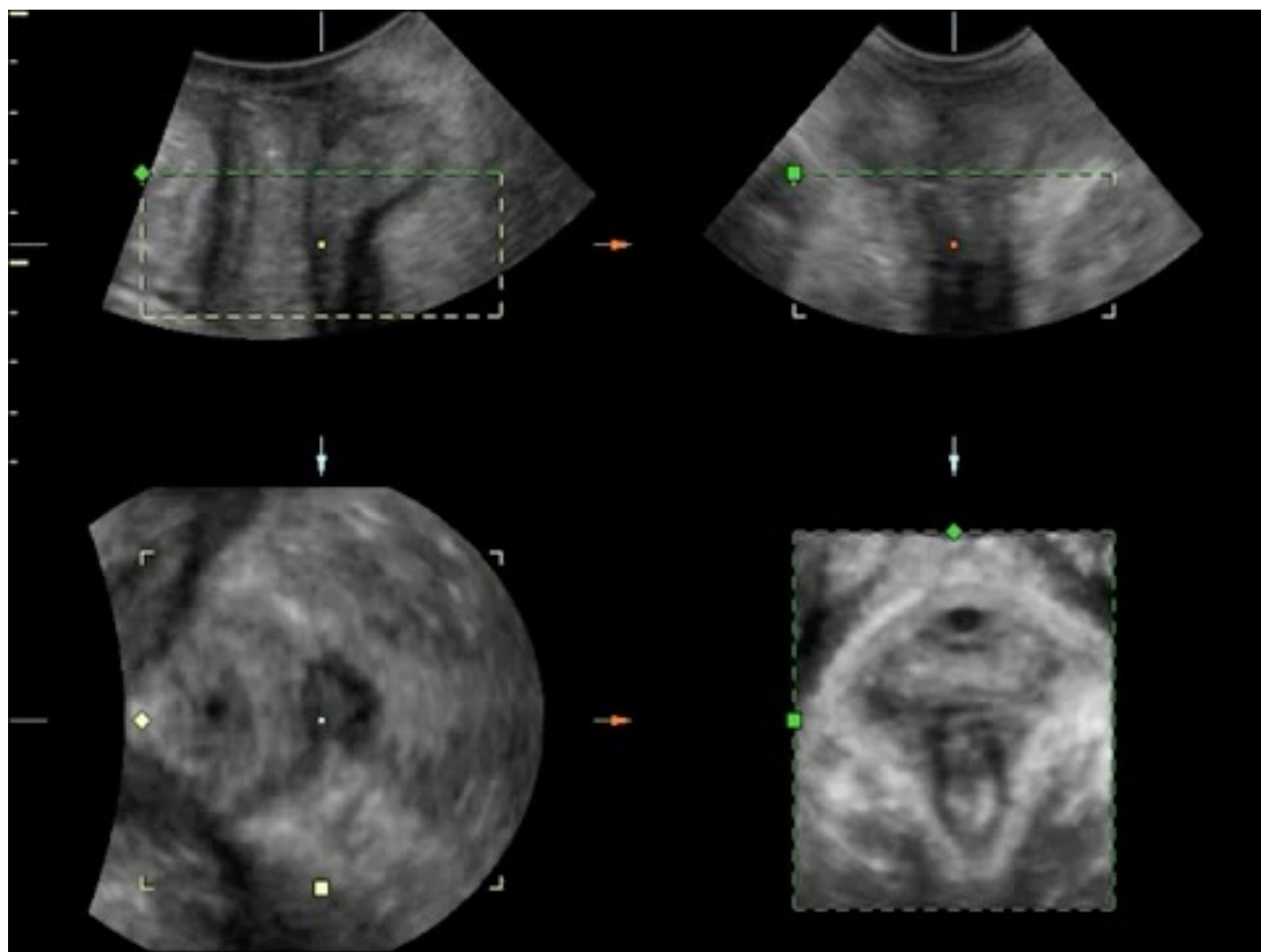
Levator kas hasarı-avülsyon









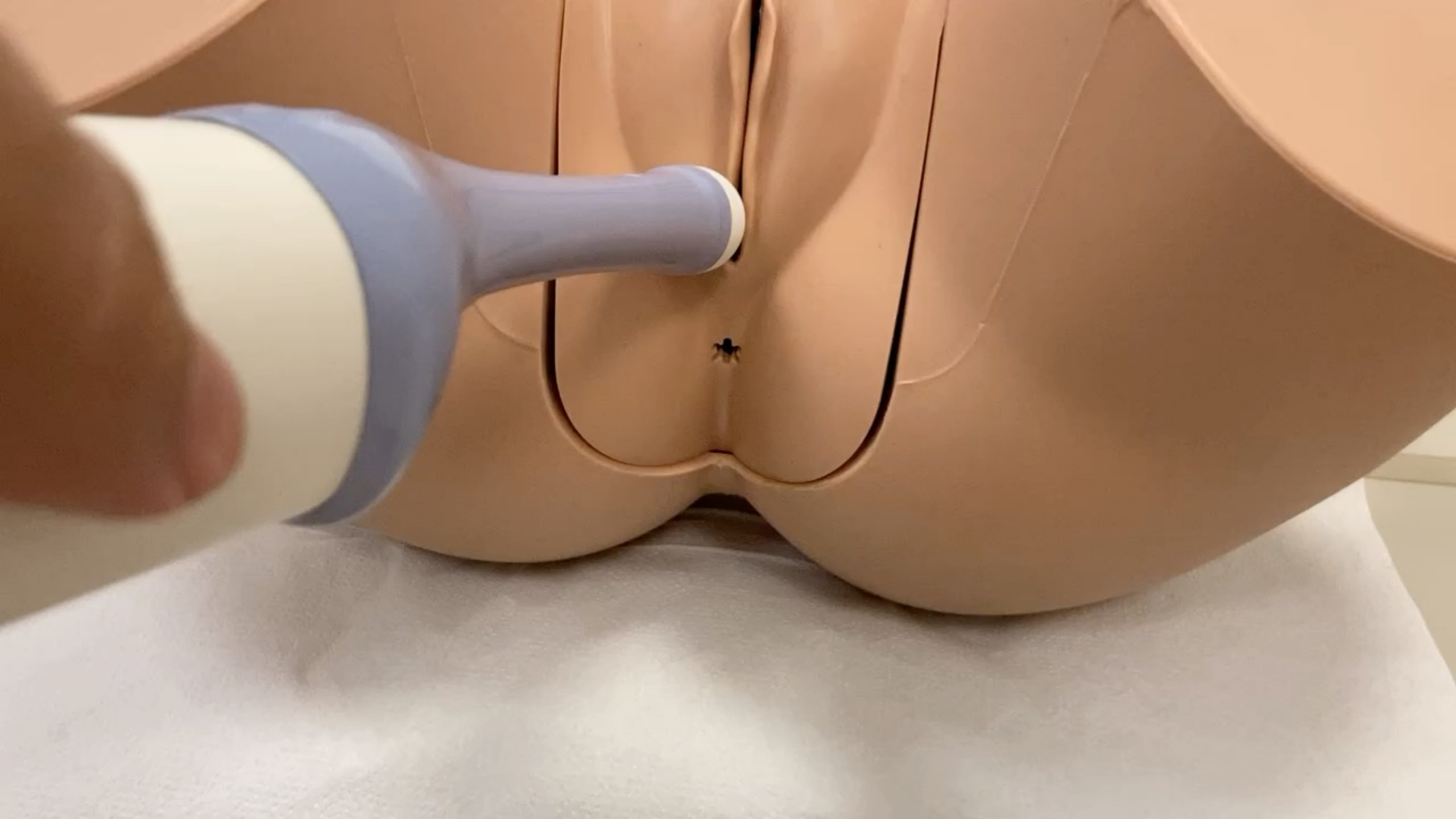




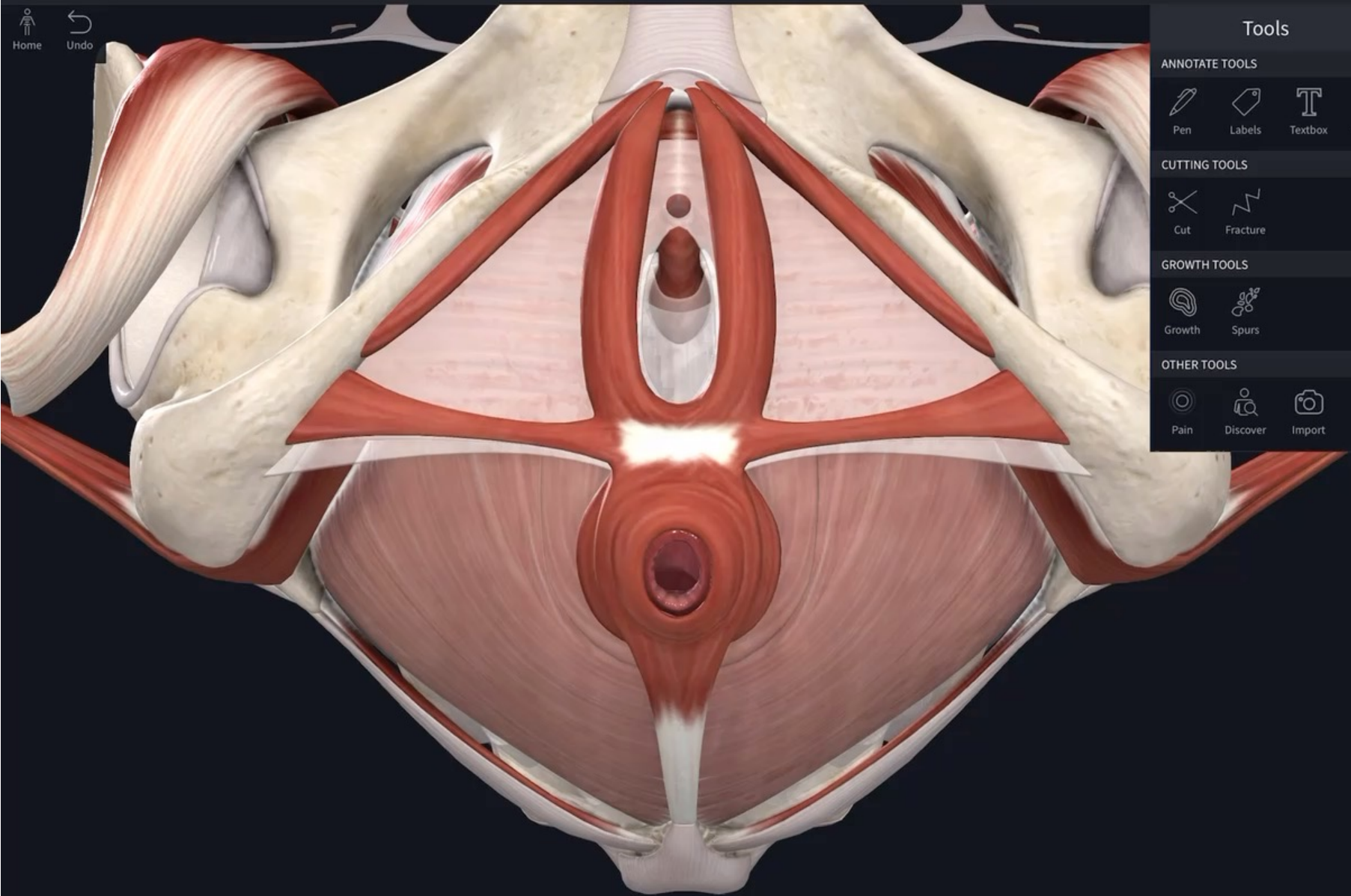
Anal Sfinkter

- Anal sfinkter deęerlendirilmesi klasik olarak 360° endo-anal USG ile yapılır.
- Erişilebilirlięi kısıtlı olduğundan kullanımını yaygın deęil.
- 3 seęenek
 - Endoanal EAUS
 - TVUSG
 - Perineal









Tools

ANNOTATE TOOLS

- Pen
- Labels
- Textbox
- Sketch
- Search

CUTTING TOOLS

- Cut
- Fracture

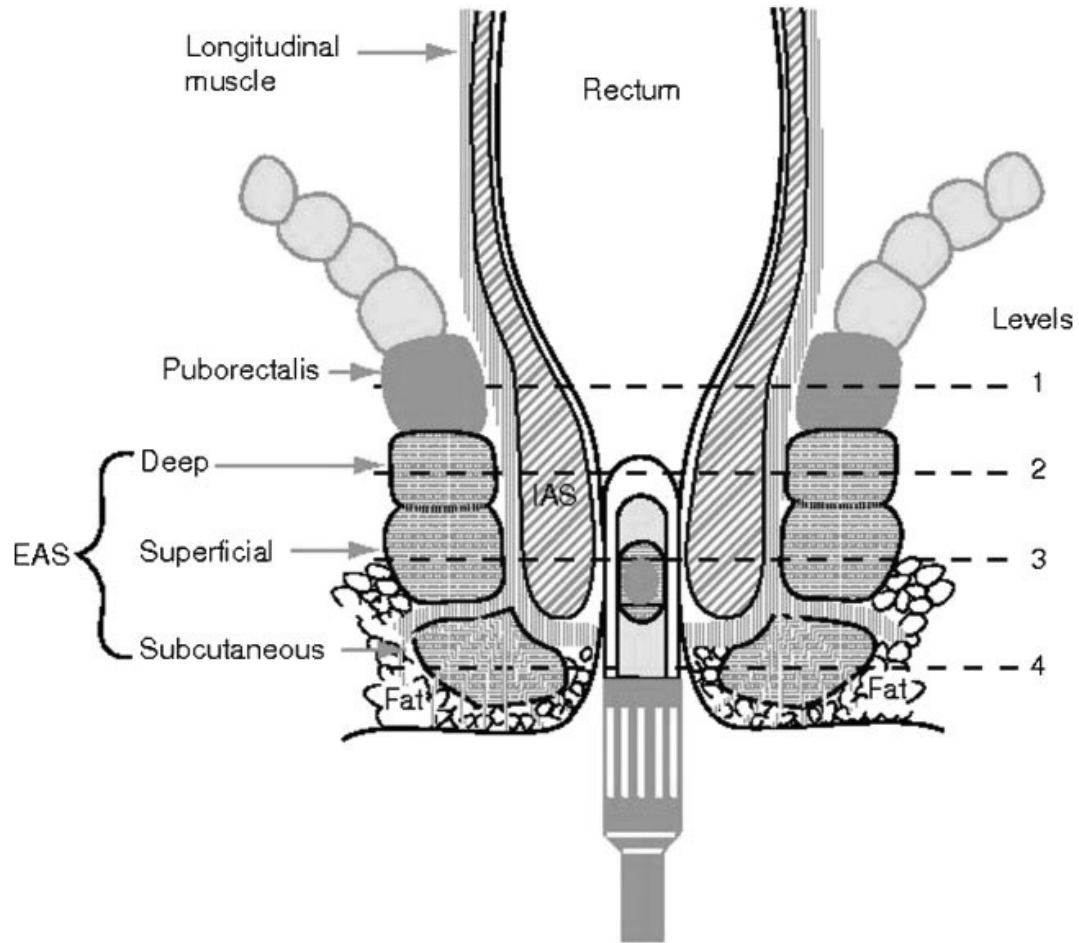
GROWTH TOOLS

- Growth
- Spurs

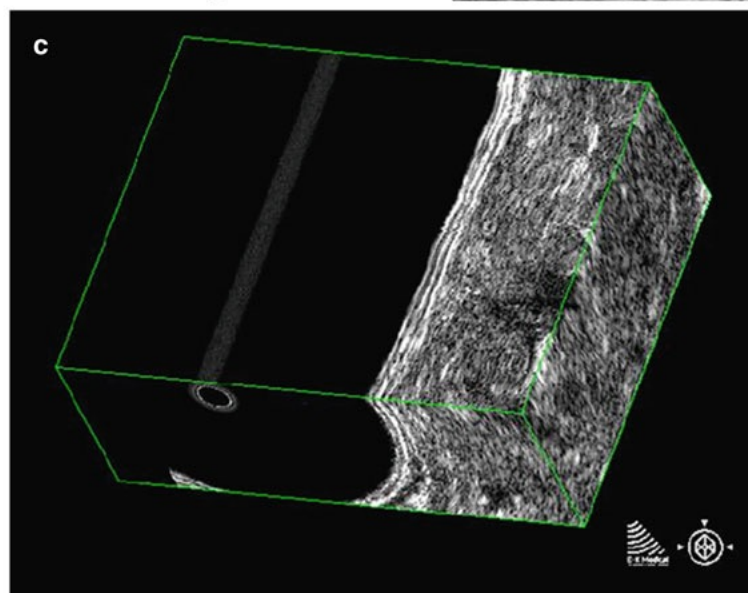
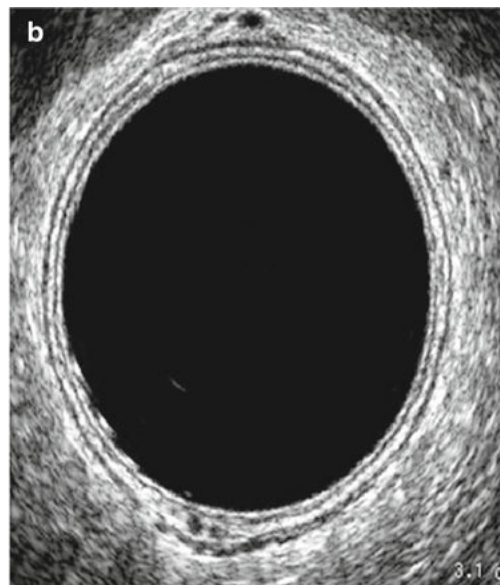
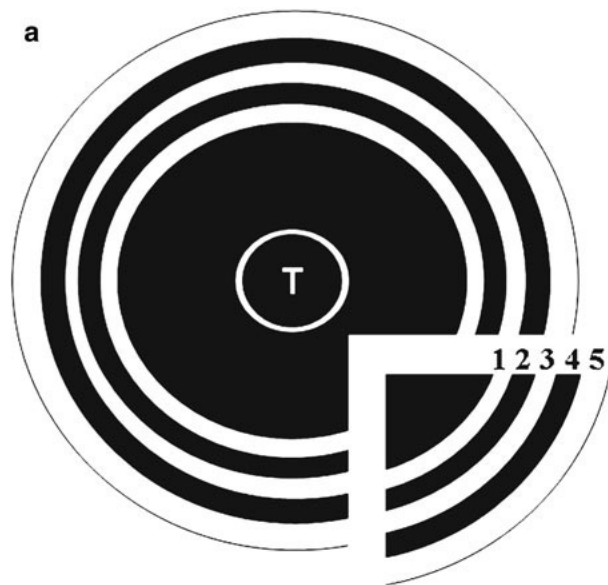
OTHER TOOLS

- Pain
- Discover
- Import

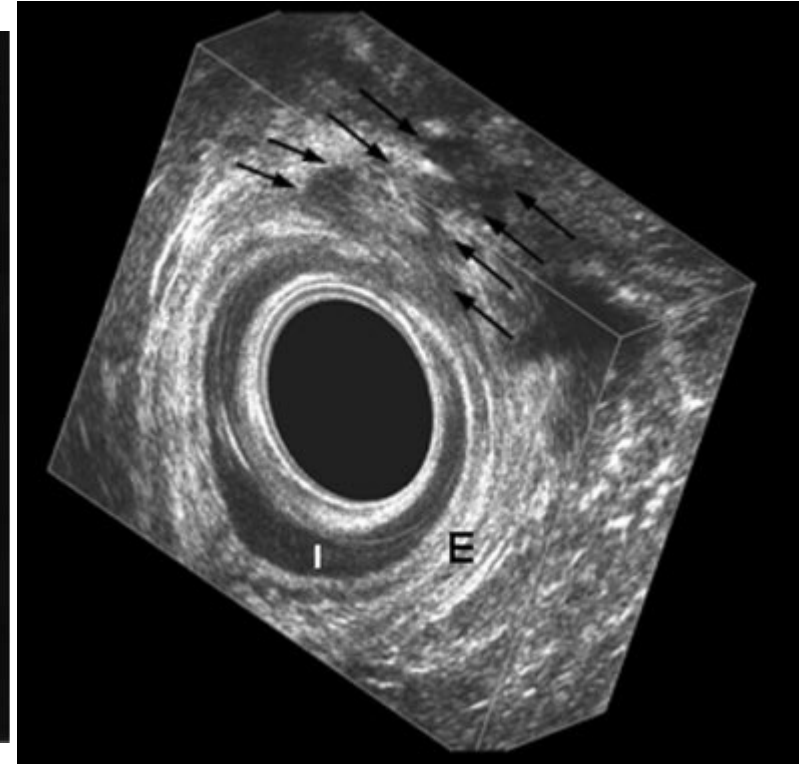
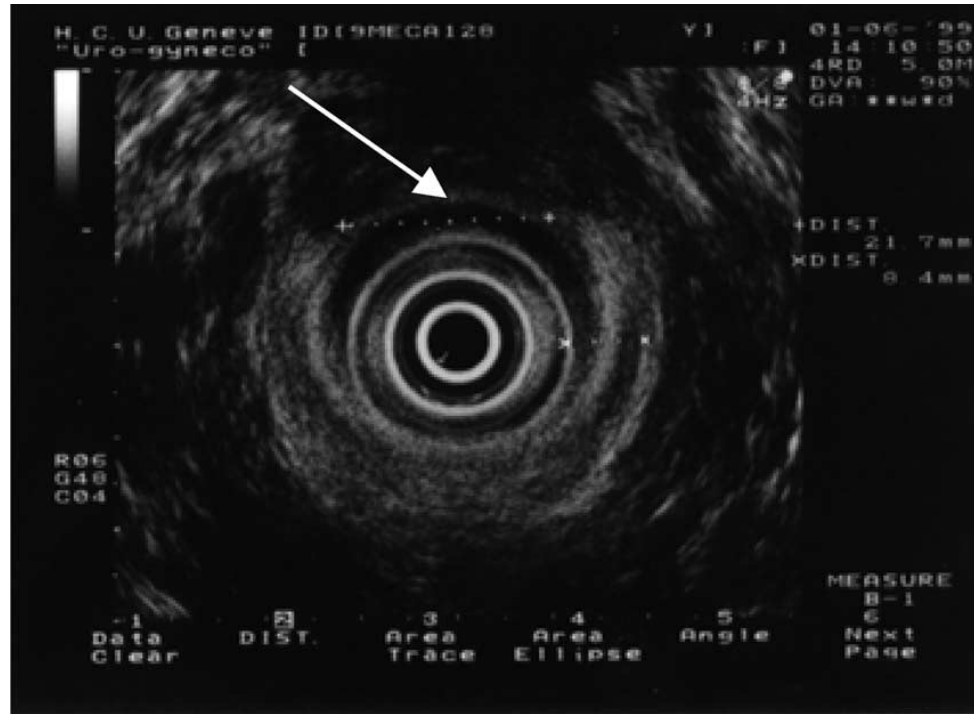
- Hub
- Tools
- Library
- Store
- Settings



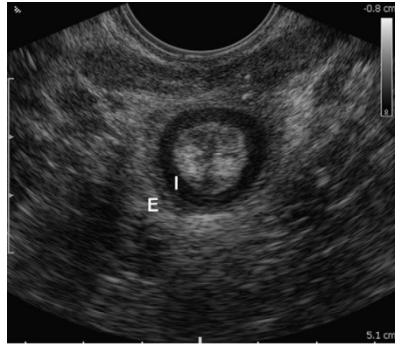
- *Teknik 1989 da* Law and Bartram tarafından tarif edildi.
- B&K tip 1846 (Bruel & Kjaer, Naerum, Denmark) ultrason kullanıldı
- 7MHz rotating endoprob
- 5 katman
 1. Mukoza
 2. Submukoza
 3. internal anal sfinkter(IAS)
 4. İntersfinkterik plan
 5. eksternal anal sfinkter (EAS)



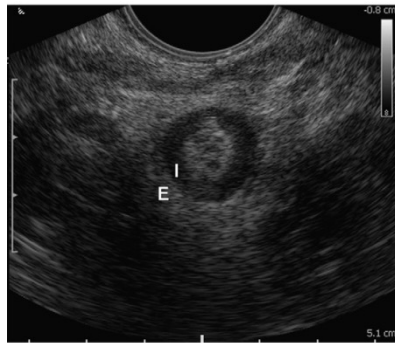
Endo-anal



Endovajinal



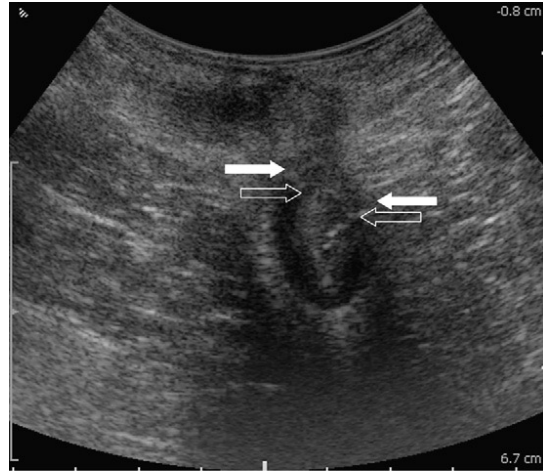
(a)



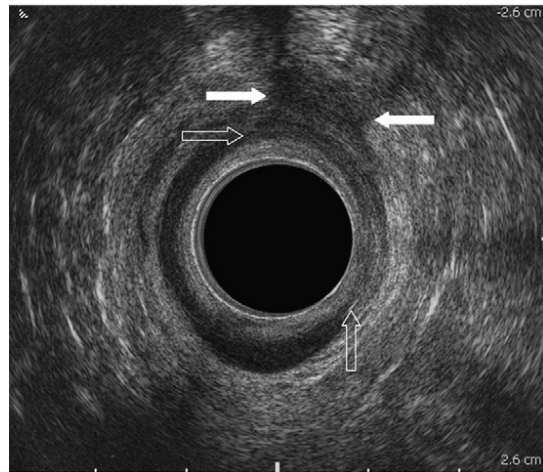
(b)



(c)



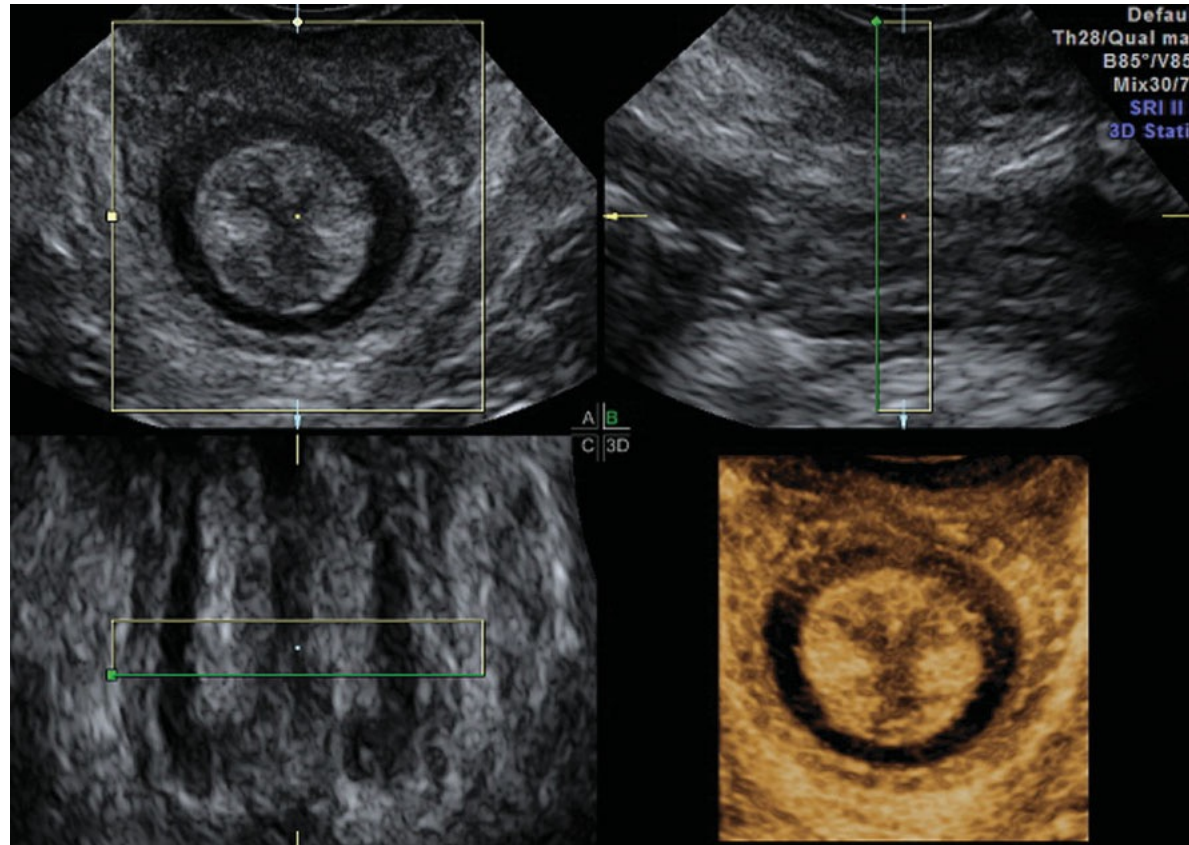
(a)



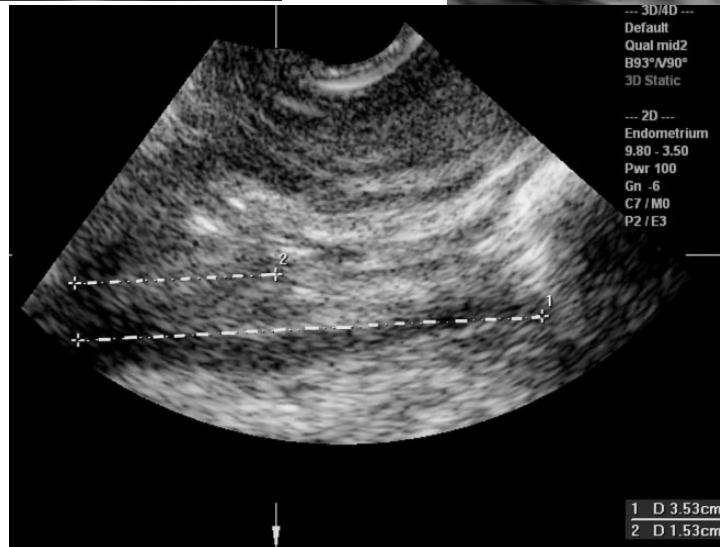
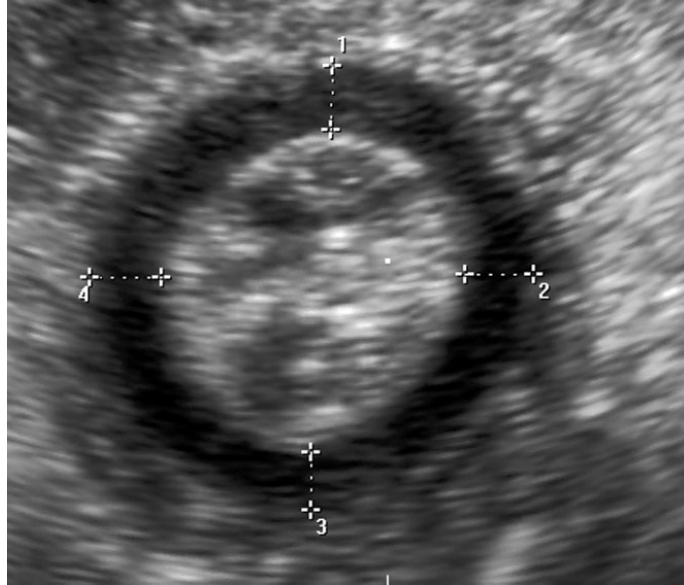
(b)



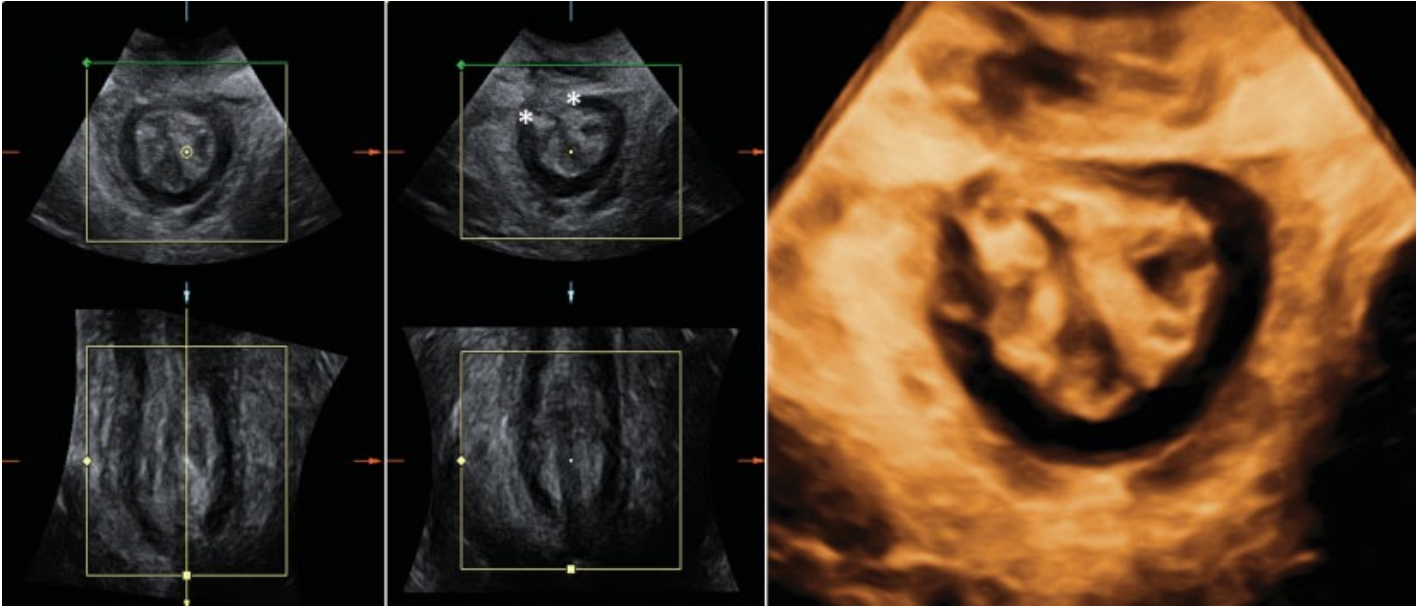
3D Transperineal



3D Transperineal



Transperineal



Transvajinal konvansiyonel prob

