Akciğer Grafisi
Olgular

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Göğüs Hastalıkları
• BOX 3.1 How to Look at a Chest X-Ray

Determine the age, sex, and history of the patient
Identify the projection and technique used:
    • AP, PA, lateral, portable, or standard distance
Identify the position of the patient:
    • Upright, supine, decubitus, lordotic
Look at the inspiratory effort:
    • Adequate, hypoinflated, hyperinflated
Identify the obvious and common abnormalities:
    • Heart size, large or normal
    • Heart shape, specific chamber enlargement
    • Upper mediastinal contours
    • Examine airway, tracheal deviation
    • Lung symmetry
        • Any mediastinal shift?
        • Hilus position
    • Lung infiltrates, masses, or nodules
    • Pulmonary vascularity
        • Increased, decreased, or normal
        • Lower greater than upper
    • Pleural effusions, blunting of costophrenic angles
    • Rib, clavicle, or spine fractures or other lesions
    • Check tube placement
Recheck what you thought was normal anatomy, and look at
    • typical blind spots:
        • Behind the heart
        • Behind the hemidiaphragms
        • In the lung apices
        • Pneumothorax present?
        • Costophrenic angles
        • Chest wall
        • Lytic rib lesions
        • Shoulders
Look for old images, not just the last one
Decide what the findings are and their location
Give a common differential diagnosis correlated with the clinical
    • history
<table>
<thead>
<tr>
<th>Sequential Search</th>
<th>Commonly Missed Findings</th>
<th>Avoiding Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lungs</strong></td>
<td>• Nodule, mass</td>
<td>• Second look at all blind spots</td>
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<tr>
<td></td>
<td>◦ Superior sulcus tumor</td>
<td>• Lateral CXR image (if available)</td>
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<tr>
<td></td>
<td>• Pneumonia</td>
<td>• Attention to asymmetric opacity, hilar displacement</td>
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<td></td>
<td>• Lobal atelectasis</td>
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<td><strong>Pleura</strong></td>
<td>• Subtle pneumothorax</td>
<td>• Detection of thin visceral pleural line</td>
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<td></td>
<td>◦ Supine</td>
<td>• Deep sulcus sign</td>
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<td></td>
<td>◦ Tension</td>
<td>• Depressed diaphragm, mediastinal shift</td>
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<tr>
<td></td>
<td>◦ Pleural effusion</td>
<td>• Posterior costophrenic angle blunting lateral</td>
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<tr>
<td><strong>Trachea and central bronchi</strong></td>
<td>• Stenosis</td>
<td>• Search cervical trachea to mainstem bronchial</td>
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<tr>
<td></td>
<td>◦ Primary tumor, scarring</td>
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<tr>
<td></td>
<td>◦ Displacement</td>
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<td></td>
<td>◦ Extrinsic mass (thyroid, other)</td>
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<td><strong>Hila</strong></td>
<td>• Mass, lymphadenopathy</td>
<td>• Size, configuration, density, position</td>
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<td></td>
<td>◦ Enlarged pulmonary arteries (pulmonary hypertension)</td>
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<tr>
<td><strong>Mediastinum/Heart</strong></td>
<td>• Mass, lymphadenopathy</td>
<td>• Mediastinal contours</td>
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<td></td>
<td>◦ Aortic aneurysm, dilatation</td>
<td>• Mediastinal lines</td>
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<tr>
<td></td>
<td>◦ Widening (bleed)</td>
<td>• Cardiac contours</td>
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<td></td>
<td>◦ Pneumomediastinum, pneumopericardium</td>
<td>• Abnormal air collections</td>
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<td><strong>Upper abdomen</strong></td>
<td>• Pneumoperitoneum</td>
<td>• Continue visual search below diaphragms</td>
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<td><strong>Bones</strong></td>
<td>• Fractures</td>
<td>• Lateral: spinal compression fractures</td>
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<td></td>
<td>◦ Metastases</td>
<td>• Ribs, clavicles, shoulders, proximal humeri, spine, sternum</td>
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<tr>
<td><strong>Hardware</strong></td>
<td>• Malpositioned lines, tubes</td>
<td>• Focused search</td>
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<tr>
<td><strong>Foreign bodies</strong></td>
<td>• Abnormal, retained, radiopaque foreign bodies</td>
<td>• Review clinical history</td>
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<td>• Dedicated search</td>
</tr>
</tbody>
</table>
61 Y. K.. Öksürük 4 ay.. Hemoptizi 1 ay.
Tracheal squamous c.c and solitary metastases
37 yaşında F hasta
37 yaşında F hasta akciğer grafisindeki patoloji nedeniyle değerlendirildi. Tanı?

- A. Nörojenik kist
- B. Kistik schwannom
- C. Kist Hidatik
- D. Bronkojenik kist
- E. Pevral Malign Mezotelyoma
Fig. 7.6 Bronchogenic cyst. Posteroanterior (A) and lateral (B) chest radiographs show a well-circumscribed, round opacity in the left upper lung field (A) with a corresponding soft tissue density on the mediastinal side on the lateral view (B). High-resolution computed tomography (C) and magnetic resonance imaging (D) confirm the cystic nature of the lesion.
65 yaşında kadın hasta uzun süreli öksürük nedeniyle başvurdu.
30 Y K Akut dispne, hemoptizi
64 yaşında F
64 yaşında bayan hasta nefes darlığı ve wheezing ile başvurdu. Tanı?

- A. Endotraqueal Hemanjiyoma
- B. Endotraqueal Granüler Hücreli Tümör
- C. Endotraqueal Nörofibroma
- D. Endotraqueal Lipoma
- E. Endotraqueal Hamartom
Hemoptizi