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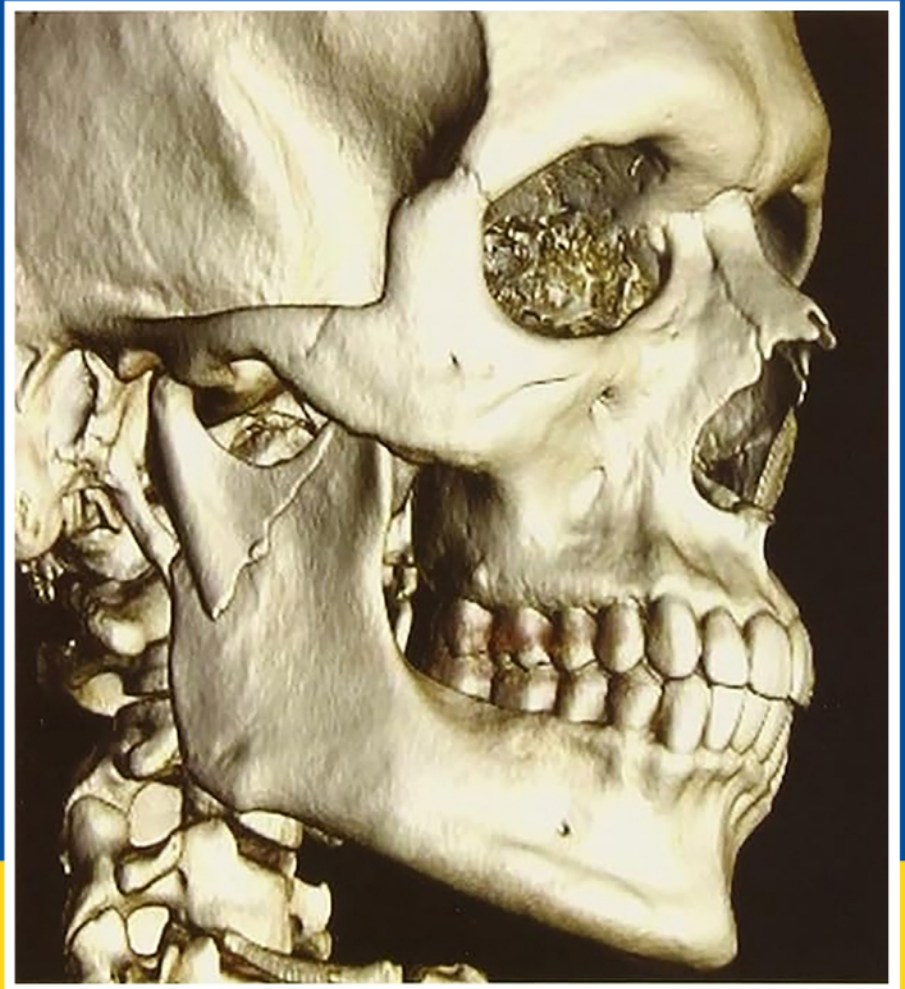
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OTOLARENKOLOJİ
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Bailey's Baş ve Boyun Cerrahisi Otolarengoloji Soru Kitabı

Türkçe Telif Hakları 2025

Türkçe 1. Baskı

ISBN: ??

Orijinal Adı: Bailey's Head & Neck Surgery Otolaryngology Review

Yayınevi: Wolters Kluwer

Yazarlar: Nicole Dernoski

Çeviri Editörü: Prof. Dr. Esin Koç, Prof. Dr. Ahmet Yağmur Baş

Orijinal ISBN -13: 978-1-975170-02-8

Kitabın 5846 ve 2936 sayılı Fikir ve Sanat Eserleri Yasası Hükümleri gereğince (kitabın bir bölümünden alıntı yapılamaz, fotokopi yöntemiyle çoğaltılamaz, resim, şekil, şema, grafik v.b'ler kopya edilemez) tüm hakları Güneş Tıp Kitabevleri Ltd. Şti'ne aittir.

Genel Yayın Yönetmeni: Murat Yılmaz

Genel Yayın Yönetmeni Yardımcısı: Polat Yılmaz

Yayın Danışmanı ve Tıbbi Koordinatör: Dr. Ufuk Akçıl

Yayına Hazırlama: Güneş Dizgi-Grafik Tasarım Birimi

Baskı: Ankara Özgür Matbaacılık Basım Yay. Dağ. San. Tic. A.Ş.
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Bu kitabı, *Bailey's Head & Neck Surgery—Otolaryngology*
ders kitabının muhteşem yazar ve editör grubuna ithaf ediyoruz.
Mükemmelliğe olan enerjiniz ve hevesiniz ilham vericidir.
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Patrick K. Ha, MD; Robin W. Lindsay, MD; Steven D. Pletcher, MD;
ve Gresham T. Richter, MD

Bu kitabı, her zaman elimden gelenin en iyisini yapmam için
beni cesaretlendiren rahmetli annem Shirley Maureen Orr Rosen'e ithaf ediyorum.
Onun azmi kalbimde yaşamaya devam ediyor.
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Eşim Anthony'ye, sarsılmaz desteği ve ilhamı için;
ve çocuklarımız Parker, Olivia ve Brooks'a, hayatıma kattıkları
sınırsız neşe ve anlam için; anne ve babam Jim ve Pat'e ve kız kardeşim
Brittany'ye, kalıcı sevgileri ve bilgelikleri ve bana şefkat, dayanıklılık ve
mizahın önemini öğrettikleri için teşekkür ederim.
Megan L. Durr, MD

Bu çalışmayı tüm kulak burun boğaz uzmanlık öğrencilerine ithaf etmek istiyorum.
Her seviyedeki tüm uzmanlık öğrencilerine.
Öğrenmeye yönelik ömür boyu süren yolculuğunuza devam edin ki, edindiğiniz
bilgiyi hastalarınıza bakmak ve başkalarına öğretmek için uygulayabilesiniz.
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ÖNSÖZ

“Kişi, bilgisini ve düşünme süreçlerini sınavarak öğrenir.”

Anonim

Bu, *Bailey’s Head & Neck Surgery—Otolaryngology* kitabına eşlik eden bu kitabın yazılmasının motivasyon kaynağıydı.

The *Bailey’s Head & Neck Surgery—Otolaryngology Re-view*, Second Edition kitabı, Bailey’s ders kitabının yazarları ile bu kitabın yazarlarının ortak çabalarının bir sonucu olarak ortaya çıkmıştır. Önce, “büyük kitap”ın çoğu bölümünden derlenen sorular türetildi, sonra açıklama-lar, referanslar ve düzen eklendi. Bu ortak çaba, genç

ve deneyimli öğrencilerin otolarenoloji ve baş-boyun cer-rahisi konusundaki bilgilerini sınamaları için olağa-nüstü bir kaynak ortaya çıkarmıştır.

Bailey’s Head & Neck Surgery—Otolaryngology kitabına katkıda bulunan tüm yazarlara ve *Bailey’s Head & Neck Surgery—Otolaryngology Review*, Second Edition kitabının yazarlarına, otolarenoloji ve baş-boyun cerrahisi alanının eğitimi ve ilerlemesine olan bağlılıkları için en içten şükranlarımı sunarım. Umarım bu kitap, okuyucu-ların otolarenoloji ve baş-boyun cerrahisi alanındaki bilgilerini geliştirme çabalarına yardımcı olur.

Clark A. Rosen, MD

Cevap açıklamalarındaki sayfa numaraları *Bailey’s Head & Neck Surgery—Otolaryngology, Sixth Edition* kitabındaki ilgili sayfalara karşılık gelmektedir.

TEŞEKKÜR

Bailey's Head & Neck Surgery—Otolaryngology Review, İkinci Baskı kitabının yazarları, Byron J. Bailey, MD ve Jonas T. Johnson, MD'nin temel çalışmaları ve vizyonuna teşekkür etmek isterler. İlki, stajyerler ve pratisyenler için kulak burun boğaz ve baş-boyun cerrahisi bilgilerinin kapsamlı bir kaynağı olma vizyonuna sahipti. İkincisi ise Dr. Bailey'nin mükemmelliğini sürdürmüş ve okuyucuların bilgilerini test etmelerine ve bu test sürecinden ders çıkarmalarına yardımcı olmak amacıyla ders kitabına eşlik edecek bir kitap hazırlama fikrini desteklemiştir. Otolarengoloji ve Baş-Boyun Cerrahisi camiası, Dr. Bailey ve Dr. Johnson'ın vizyonuna ve çabalarına sonsuza kadar minnettardır.

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22. Bir grup araştırmacı, hasta memnuniyetinin ve cerrahi sonuçlarının konvansiyonel cerrahiye göre robot yardımlı cerrahi sonrası daha üstün olduğunu bildirmiştir ($P < .0001$). Çalışma randomizedir, ancak müdahalelerin niteliği; hastalar, cerrahlar veya sonuç değerlendiricileri hasta dağılımı açısından körleştirilmesine izin vermemiştir. Gruplar arasındaki farklılığın aşağıdakilerden hangisine bağlı olması olası değildir?

- A. Halo etkisi
- B. Dağıtım (duyarlılık) (Allocation) yanlılığı
- C. Yetersiz örneklem büyüklüğü
- D. Doğrulama (tespit) yanlılığı

23. Sansürlü veriler için sağkalım analizi ile ilgili aşağıdaki ifadelerden hangisi doğrudur?

- A. Araştırmacı, güvenilir olmadığına karar verdiği sonuçları suprese ettiğinde veriler sansürlenir.
- B. Kaplan-Meier grafikleri, belirli bir süre sonrasındaki sağkalım olasılığını gösterir.
- C. Sağkalım verileri, bir olayın meydana gelip gelmediğini ve meydana geldiyse ne zaman meydana geldiğini benzersiz bir şekilde kombine eder.
- D. Sağkalım analizinin, kanser sonuçlarını ve öngörücü faktörleri bildiren çalışmalarla sınırlandırılması en uygunudur.

24. İstatistiksel analizin bir parçası olarak birçok P değerini bildiren bir araştırma makalesini yorumlarken, okuyucu şunu akılda tutmalıdır:

- A. Birden fazla P değeri, çalışma yazarları tarafından sağlam ve kapsamlı bir analiz yapıldığını gösterir.
- B. Çoklu karşılaştırmaları değerlendirmek için, nonparametrik istatistiksel testler tercih edilir.
- C. Merkezi limit teoremi uygulandığında çoklu karşılaştırmalar için düzeltme yapmak gerekmez.
- D. Karşılaştırmalar, aile çapında hata oranı (family-wise error) (FWER)'ni arttırmayacak yöntemler kullanılarak yapılmalıdır.

25. Aşağıdakilerden hangisi klinik sonuç araştırmaları için doğrudur?

- A. Ölçülen sonuçlar sadece yaşam kalitesi veya fonksiyonel durumdur.
- B. Sonucu tahmin etmede, şiddeti derecelendirmek komorbiditeden daha önemlidir.
- C. Klinik sonuç araştırmaları için gözlemsel metodoloji gereklidir.
- D. Yaşam kalitesi sonuçlarının değerlendirilmesi için geçerliliği kanıtlanmış/valide edilmiş araçlar kullanılmalıdır.

26. Ölçülen sonucu etkileyen hastalık aşağıdakilerden hangisidir?

- A. Komorbid durum
- B. Yanlılık örneği
- C. Bağımlı değişken
- D. Şiddete katkıda bulunan faktör

76. Literatür, sigarayı bırakma yaklaşımı olarak "5 A'lar"ın kullanılmasını desteklemektedir. Aşağıdaki cevap seçeneklerinden "5 A'lar"a dahil olmayanı seçiniz?

- A. Ask (Sormak)
- B. Assess (Değerlendirmek)
- C. Advise (Tavsiye etmek)
- D. Abstain (Kaçınmak)

77. 37 yaşında erkek, "boğazında bir şey var" şikayetiyle kliniğinize başvurur. Babası total larenjektomi ameliyatından sonra iyileşme sürecindedir. Hasta, son 17,5 yıldır günde iki paket sigara içmektedir. Larenks kanseri olduğunu düşünmektedir. Sigara bırakma konusunda yargılayıcı olmayan bir konuşma başlatırsınız. Ardından, tütün kullanımının riskleri ve sigarayı bırakmanın faydaları hakkında ona tavsiyelerde bulunuyorsunuz. "5 A'lar"ı kullanarak, konuşmada atmanız gereken bir sonraki ideal adım nedir?

- A. Sigara içmeye devam ederse ölebileceğini söyleyin.
- B. Babasını telefonla arayın ve oğlunu sigarayı bırakmaya ikna etmesini sağlayın.
- C. Hastanın sigarayı bırakma isteğini değerlendirin (assess) ve bu çabalarında ona yardımcı olun (assist).
- D. Vareniklin reçete edin.

78. Vareniklin'in etki mekanizması nedir?

- A. Nikotin yarışmalı inhibitörü
- B. Dopamin reseptörünün kısmi agonisti
- C. Dopamin ve norepinefrinin nöronal alımını inhibe eder
- D. Nikotin reseptörünün kısmi agonisti

79. T3N1M0 oral kavite skuamöz hücreli karsinomu (SCC) nedeniyle cerrahi ve adjuvan radtoterapi ile tedavi edilmiş 55 yaşındaki hasta, görüntüleme sonuçlarına göre unrezektable olduğu belirlenen, primer bölgede lökorejyonel nüks ile başvurmuştur. Bu hastada en uygun birinci basamak sistemik tedavi aşağıdakilerden hangisidir?

- A. Paklitaksel
- B. Setuksimab
- C. Pembrolizumab
- D. A ve B

-
55. Akut bakteriyel sinüzit (ABRS) için dikkatli bekleme ile karşılaştırıldığında, antibiyotik tedavisi ile ilişkili olanlar:
- A. Tanıdan sonraki 3 ila 5. günlerde klinik iyileşme
 - B. İş günü kaybının azalması nedeniyle hastalığa bağlı maliyette dolaylı azalma
 - C. ABRS komplikasyonlarını önlemeye kıyasla antibiyotik tedavisinden kaynaklanan advers olay gelişme olasılığının daha yüksek olması
 - D. Gelecekteki müdahalelere (cerrahi, görüntüleme çalışmaları) olan ihtiyacın azalması
-
56. Bir hasta "nazal polip" nedeniyle sevk edilir ve endoskopide unilateral kitle görülür. Bir sonraki uygun adım nedir?
- A. Topikal kortikosteroidlerle tıbbi tedaviye başlamak
 - B. Kitlenin natürüne bağlı olarak biyopsi ve/veya görüntüleme
 - C. Test için alerjiye yönlendirmek
 - D. CF için test yapmak
-
57. CF hastalarında sinüs BT görüntülemesinde aşağıdaki gibi klasik bulgular görülebilir:
- A. Gelişmemiş sinüsler ve zayıf sinüs pnömatoizasyonu, frontal sinüslerin yokluğu
 - B. Yüksek derecede pnömatize (büyük) frontal sinüsler
 - C. Asimetrik sinüs pnömatizasyonu
 - D. Çok ince sinüs kemikleri
-
58. Samter triadı olarak da bilinen aspirinle alevlenen solunum hastalığı (AERD), aşağıdaki üç özellik ile karakterizedir:
- A. Nazal polipli kronik rinosinüzit (CRSwNP), çevresel alerjiler ve aspirin/non-steroidal antienflamatuar ilaç (NSAID) intoleransı
 - B. Nazal polipsiz kronik rinosinüzit (CRSsNP), aspirin/NSAID intoleransı ve astım
 - C. CRSwNP, aspirin/NSAID intoleransı ve astım
 - D. CRSsNP, çevresel alerjiler ve aspirin/NSAID intoleransı
-
59. Genellikle unilateral olan alerjik fungal rinosinüzit (AFRS), ABD'nin en sık hangi bölge-
sindeki hastalarda görülür?
- A. Batı Kıyısı
 - B. New England
 - C. Güney
 - D. Yukarı Orta Batı

91. 52 yaşında kadın hasta, inverted papillom şüphesi olan tek taraflı nazal kitle ile başvurmuştur. BT, sağ maksiller sinüsün tam opasifikasyonu ve posterior fontanelin medialize olduğunu göstermektedir. Endoskopik sinüs cerrahisi yanında, uygulamak ve cerrahi onam formuna eklemek için başka ne tür işlemler yapmaya hazırlanırsınız?

- A. Lynch insizyonu ve medial orbital içeriğin biyopsisi
 - B. Sublabiyal insizyon ve transmaksiller yaklaşım
 - C. Frontal sinüs trefinasyonu ve frontal sinüs mukozasının endoskopik muayenesi
 - D. Lateral rinotomi ve maksiller transpozisyon
-

92. Maksiller sinüse sublabiyal yaklaşım sırasında, sinüsün ön duvarından en güvenli giriş noktası:

- A. Malar eminence
 - B. Kanin fossa
 - C. Alveolar kenar
 - D. Priform açıklığının yanından
-

93. 27 yaşında erkek hasta, motorlu araç kazası sonrası acil servise başvurur. Hastanın burunundan berrak akıntı var ve BT frontal sinüsün arka tabulasında ciddi parçalı kırık olduğunu gösterir. Hasta nörolojik olarak stabil hale geldikten ve cerrahi onarım için uygun olduktan sonra, en uygun cerrahi hangisi olur?

- A. Nazoseptal flep ile endoskopik endonazal onarım
 - B. Arka tabula defektinin açık redüksiyon ve internal fiksasyon ile kombine endoskopik onarımı
 - C. Frontal sinüs obliterasyonu
 - D. Frontal sinüs kraniyalizasyonu
-

94. Etmoid sinüse eksternal yaklaşım sırasında, intrakraniyal alanın açılmasını önlemek için, diseksiyonun superior sınırını belirleyen anatomik belirteç nedir?

- A. Supratrochlear arter
- B. Supraorbital arter
- C. Anterior etmoidal arter
- D. Oftalmik arter

35. **Cevap: D.** İmmünoterapi, alerjik riniti tedavi etme potansiyeline sahip tek tedavi yöntemi olmakla birlikte, hastalar semptomlarında %30 ila %61 oranında azalma bildirmektedir. İmmünoterapi, Th2 baskınlığından Th1 baskınlığına geçişe neden olur. İmmünoterapi, yeni inhale alerjen duyarlılıklarının gelişmesini azaltabilir ve alerjik riniti olan hastalarda alerjik astım gelişme sıklığını azaltabilir. **SAYFA 411**
36. **Cevap: C.** Omalizumab IgE'yi hedef alır. Dupilumab, polipli CRS için FDA tarafından onaylanan ilk tedavi yöntemidir (Haziran 2019) ve IL-13 reseptörünün de bir parçası olan IL-4 reseptör alt birimini hedef alarak her iki sitokini de inhibe eder. Benralizumab, IL-5 reseptörünün alfa sub ünitesine (eozinofillerde bulunur) bağlanır ve doğal öldürücü (natural killer) hücrelere bağlanarak eozinofil apoptozunu indükler. Omalizumab, IgE'yi hedef alır ve Aralık 2019'da polipli CRS için FDA tarafından onaylanmıştır. Mepolizumab, IL-5'e bağlanır ve 2021'de polipli CRS için FDA tarafından onaylanmıştır. **SAYFA 422**
37. **Cevap: D.** İrritan ile indüklenen mesleki rinit, iş yerinde indüklenen rinitinden ayırt edilmelidir. İş yerinde indüklenen rinitte, önceden var olan rinit semptomları iş yeri dışında da görülür, ancak iş yerinde maruz kalınan maddeler veya nonspesifik uyarıcılar (soğuk hava, sigara dumanı, egzersiz, sıcaklık değişiklikleri) nedeniyle daha da kötüleşir. **SAYFA 423**
38. **Cevap: B.** Rinitis medikamentozada taşıfilaksi için kesin bir açıklama olmasa da, α_2 reseptörünün inhibe edici etkilerinin artması, duyarlılığın ve postsinaptik α_1 reseptörlerinin sayısının azalmasına neden olur. Diğer teoriler arasında, sürekli stimülasyon nedeniyle presinaptik norepinefrin kaynaklarının tükenmesi, α -adrenerjik etkilerin ötesinde uzayan β -adrenerjik vazodilatasyon ve vasküler geçirgenliğe ve ödem artışına yol açan parasempatik tonus artışı sayılabilir. **SAYFA 428**
39. **Cevap: C.** Azelastin, non-alerjik rinit tedavisi için FDA tarafından onaylanmıştır ve intranazal antihistaminikler, alerjik olmayan rinit için monoterapi olarak birinci basamak tedavi olarak kabul edilir. **SAYFA 420**
40. **Cevap: D.** Salin aerosol spreyleri ve irrigasyonlar gebelik riniti için etkilidir ve ilaçları denemeden önce ilk basamak tedavi yöntemidir. Lökotrien inhibitörleri gebelikte tolere edilebilir ancak gebelik riniti için etkili olmadığı düşünülmektedir ve intihar eğilimini arttırabilme olasılığı nedeniyle genel kara kutu (black box) uyarısı taşımaktadır. Kanada'da yapılan prospektif bir çalışmaya göre, triamsinolon, konjenital pulmoner defektlerle ilişkili olabilecek tek topikal nazal steroiddir. Gastroşizis dahil doğum kusurları riski nedeniyle, özellikle ilk trimesterde oral ve topikal dekonjestanlar kullanılmamalıdır. **SAYFA 429**
41. **Cevap: C.** CF, iyon taşıma proteinleri defekti ile karakterize otozomal resesif bir hastalıktır. Alt ve üst solunum yolları dahil olmak üzere birçok organ sistemi enfekte olur. CF, çok yüksek oranda polipli ve polipsiz CRS ile ilişkilidir; hastaların %100'üne yakını sinüs iltihabı belirtileri gösterir ve %20'sinde nazal polip gelişir. Batı ülkelerinde idiyopatik nazal polip hastalığı ile karakterize tipik eozinofilik iltihaplanmanın aksine, CF ile ilişkili nazal polipler nötrofil ağırlıklı iltihaplanma ile ilişkilidir. **SAYFA 439**
42. **Cevap: C.** Septal tutulum, GPA hastalarının %10 ila %25'inde perforasyon veya eyer burun (saddle-nose) deformitesine neden olabilir. GPA'nın diğer yaygın intranazal semptomları arasında mukozal kabuklanma, yarananma artışı (increased friability) ve epistaksis bulunur. **SAYFA 443**

-
5. 50 yaşında kadın, Warthin tümörü nedeniyle parotidektomi ameliyatı geçirir. Ameliyat sonrası kulak ve yanakta uyuşma şikayeti vardır. Ameliyat sırasında hangi sinir kesilmiş olabilir?
- A. Aurikulotemporal sinir
 - B. Fasiyal sinirin bukkal dalı
 - C. Aurikularis magnus siniri
 - D. Fasiyal sinirin frontal dalı
-
6. 87 yaşında demanslı erkek, idrar yolu enfeksiyonu nedeniyle hastaneye yatırılır. Hastanede yatarken, sağ yanağında akut ve ağrılı şişlik ve kızarıklık gelişir. Olası tanı ve etiyoloji nedir?
- A. Lenfoma; immünosupresyon
 - B. Parotit; dehidratasyon
 - C. Warthin tümörü; sigara kullanımı
 - D. Ürtiker; ilaç alerjisi
-
7. 30 yaşında kadın, yemek yedikten sonra kötüleşen, tekrarlayan çene altında şişlik ve hassasiyet şikayetiyle muayenehanenize başvurur. Sialolit olup olmadığını belirlemede en iyi başlangıç testi nedir?
- A. Manyetik rezonans görüntüleme (MRG)
 - B. Sialendoskopi
 - C. Ultrason
 - D. Düz grafi
-
8. Konservatif tedaviye yanıt vermeyen tekrarlayan submandibular sialadeniti olan bir hastada 8,0 mm'lik duktal taş şüphesi vardır. Aşağıdakilerden hangisi tedavide bir sonraki uygun adımdır?
- A. Sialendoskopi
 - B. Steroid dozunun azaltılarak kesilmesi ve bez masajı
 - C. Submandibular bez eksizyonu
 - D. Tükürük Botoksu
-
9. 7 yaşında kadın, son bir yıldır rekürren parotis şişmesi nedeniyle kulak burun boğaz uzmanına sevk edilmiştir. Ailesine nasıl danışmanlık yapılmalıdır?
- A. Bu durum kronik sialadenite yol açacaktır ve parotidektomi önerilir.
 - B. Bu, tükürük bezi malignitesi riskini artırır ve parotidektomi önerilir.
 - C. Bu, muhtemelen düzelecek olan iyi huylu bir süreçtir ve gözlem önerilir.
 - D. Bu, yaşam boyu devam edecek iyi huylu bir süreçtir ve parotidektomi önerilebilir.

15. **Cevap: D.** Oral liken planus en sık bukkal mukozayı (%90) etkiler, ancak dorsum lingua, gingiva, dudak mukozası ve alt dudak kenarını da etkileyebilir. Tipik olarak lezyonlar çok sayıda, bilateral ve simetrik. Koebner fenomeni olarak tanımlanan travma bölgelerinde gelişebilirler. **SAYFA 694**
16. **Cevap: A.** Vezikülobüllöz lezyonlarda, perilezyonel dokular IgG, IgA ve/veya kompleman birikimi için doğrudan immüno Floresan testine gönderilmelidir. Bu hastada muköz membran veya büllöz pemfigoid ile ilgili semptomlar vardır. **SAYFA 687-690**
17. **Cevap: B.** Mukormikoz, çoğunlukla ketoasidoza yatkın diyabet hastalarında görülen, yaşamı tehdit eden invaziv bir mantar enfeksiyonudur. Nötropenik ve transplant sonrası hastalarda veya malignite (lösemi) ile ilişkili olarak da görülebilir. Damak ülseri ve nekrozu, rinocerebral prezentasyonun klasik belirtileridir. Biyopsi örneklerinde hiflerin vasküler invazyonu ile tromboz ve doku enfarktüsü görülür. Mortalite oranı %40' ın üzerindedir. Tedavi, altta yatan risk faktörünün ortadan kaldırılması, agresif cerrahi müdahale ve sistemik antifungal terapi gerektirir **SAYFA 685**
18. **Cevap: A.** Behçet hastalığı, tekrarlayan aftöz ülserasyon, üveit ve genital ülserler triadı ile karakterize bir hastalıktır. Akdeniz bölgesinde ve eski "İpek Yolu" üzerindeki ülkelerde (Türkiye, İran, Kore ve Japonya) en sık görülür. HLA B51 subtipi, bu hastalığa yatkınlıkla ilişkilidir ve streptokok enfeksiyonu ile bir bağlantısı olduğu öne sürülmüştür, ancak bu hastalığın etiyolojisi hala bilinmemektedir. **SAYFA 691**
19. **Cevap: B.** GABHS, diğer adıyla Streptococcus pyogenes, streptokokal farenjitte antibiyotik kullanımını gerektiren tek yaygın patojendir. Viral enfeksiyon, yetişkinlerde ve çocuklarda farenjitin en sık nedenidir ve genellikle kendiliğinden geçer. Çocuklarda hızlı antijen testi negatif çıktıktan sonra boğaz kültürü yapılması önerilir, ancak yetişkinlerde bu önerilmez. **SAYFA 701-704**
20. **Cevap: D.** Amoksisilin uygulaması, akut enfeksiyöz mononükleozlu çoğu hastada kaşıntılı, makülopapüler döküntüye neden olur. **SAYFA 706**
21. **Cevap: E.** KD, akut mukokutanöz lenf nodu sendromu olarak da bilinir ve 10 yaşın altındaki çocuklarda görülen, etiyolojisi bilinmeyen sistemik bir vaskülit. KD' nin klasik semptomları yüksek ateş, adenopati, mukozit (çilek dili), keilit (kuru, çatlamış dudaklar), konjonktivit, eritemli döküntü ve avuç içleri ile ayak tabanlarında eritem ve deskuamasyondur. İlk aşamada görülen yüksek ateş ve mukozit nedeniyle, hastalar farenjit şüphesiyle tedaviye başvurabilirler. Ancak, bu sendromdan şüphelenilmesi ve gerektiğinde gözler, gövde ve ekstremitelerin muayene edilmesi, koroner arter anevrizmaları ve ani ölüm gibi uzun vadeli komplikasyonları önlemek için gerekir. **SAYFA 705**
22. **Cevap: C.** Iğaz ağrısı ve halsizlik gibi tipik semptomların yanı sıra, *Corynebacterium diphtheria* bakterisi, bakteriyel ekzotoksinin (hastaların yaklaşık üçte birinde görülür) neden olduğu lokal doku tepkisi ve nekroz sonucu oluşan gri renkli farengeal/tonsiller psödomembran ile karakteristik olarak ilişkilidir. Bu durum, özellikle küçük çocuklarda, orofarenks ve larenksi kaplayarak asfiksi ile hızlı ölüme neden olabilir. **SAYFA 704**

39. American Society of Anesthesiologists Task Force , zor hava yolu tanımını aşağıdakilerin biri *hariç* tümü olarak tanımlamıştır:

- A. Oral airway yerleştirmede zorluk
 - B. Yüz maskesi ile ventilasyonda zorluk
 - C. Zor larengoskopi
 - D. Zor entübasyon
 - E. Hava yolunu güvenliğini sağlamak için üçten fazla deneme
-

40. Aşağıdakilerden hangisi jet ventilasyon yaklaşımında en fazla risk taşır?

- A. İnfraglottik
 - B. Supraglottik
 - C. Transtrakeal
 - D. Yüksek frekans
 - E. Düşük frekans
-

41. Apneik oksijenasyon (diğer adıyla yüksek akımlı nazal oksijenasyon/Transnazal Nemlendirilmiş Hızlı İnsufflasyon Ventilasyon Değişimi):

- A. Güvenli apne süresini kısaltır
 - B. CO₂'i etkili bir şekilde temizler
 - C. Patent üst solunum yolu gerektirmez
 - D. Oksijenin, basınç gradyanı boyunca, alveollere doğru hacimli akımı ile meydana gelir
 - E. Atektaziyi önler
-

42. Aşağıdakilerden hangisi trakeotomi endikasyonu değildir?

- A. Hava yolu koruması
 - B. Akut veya kronik üst hava yolu koruması
 - C. Disfaji
 - D. Akciğer temizliği
 - E. Uzun süreli mekanik ventilasyon
-

43. Krikotirotomi için kontrendikasyonlar şunları içerir:

- A. Larenks travması
- B. Trismus
- C. Hava yolu kesisi
- D. Yenidoğan/çok küçük yaştaki hastalar
- E. A, C, D

46. **Cevap: A.** Boyunluk takan hastalar hariç, yukarıdakilerin tümü kontrendikasyondur. Ek kontrendikasyonlar arasında çocuklar da bulunmaktadır. **SAYFA 937**
47. **Cevap: A.** Sütür lateralizasyon, akut nörojenik glottik obstrüksiyonu iyileştirmek için en azından kısa vadeli bir çözüm sağlar ve geri dönüşümlüdür. Adduktor Botox ek bir cevap olabilir, ancak Botox'un etkisini göstermesi 24 ila 72 saat sürer. Akut vokal kord paralizisi için medikal tedavi, akut etkili tedavi değildir. **SAYFA 956**
48. **Cevap: A.** Suprahoid serbestleştirme, en az morbidite ile en fazla serbestleştirme sağlar. İnfrahoid serbestleştirme, disfaji oranlarının artmasıyla ilişkilidir. Hiler ve pulmoner arter serbestleştirmeleri için ek diseksiyon ve kesiler gerekir. Trakeotomi hava yolunu sağlar. **SAYFA 961**
49. **Cevap: C.** Trakeal stentlerin en iyi kullanımı palyatif vakalardadır. **SAYFA 962-963**
50. **Cevap: D.** Krikotiroid kas rezeksiyonu, krikotrakeal rezeksiyon için gerekli bir adımdır. Bu, vokal kordun uzamasına ve ses perdesini yükseltme yeteneğinin azalmasına neden olur. Özellikle kadınlarda ses perdesinin düşme riski vardır. **SAYFA 958**
51. **Cevap: D.** Bogdasarian ve Olson'un posterior glottik stenoz evrelemesi, krikoaritenoid eklem mobilitesinin değerlendirilmesini gerektirir. Bu testlerin tümü hasta değerlendirmesinde yararlı araçlar olmakla birlikte, sadece operatif larengoskopi eklem palpasyonu yapılarak evrelemeyi tamamlamak için gerekli bilgileri sağlar. **SAYFA 954**
52. **Cevap: C.** Bu durumda hava yolu stabil değildir ve larengeal manipülasyon (entübasyon dahil) risklidir ve hava yolunun kaybı ile sonuçlanabilir. **SAYFA 975-976**
53. **Cevap: B.** Hastanın hava yolu stabil ve görüntüleme, krikoid fraktürüne rağmen bunun hava yoluna herhangi bir uzanımının olmadığını gösteriyor. **SAYFA 976**
54. **Cevap: A.** Stentleme, larengeal yapının bütünlüğünün bozulması ve/veya yaygın mukozal kayıp olduğunda gereklidir **SAYFA 979**
55. **Cevap: B.** Bu yaklaşım, fiksasyon güvenliğini en üst düzeye çıkarır. **SAYFA 978**
56. **Cevap: A.** Bu yaralanmada bilateral RLN yaralanması sıklığı yüksektir. **SAYFA 980**
57. **Cevap: C.** SNL'nin internal dalı ipsilateral supraglottik mukoza duysal innervasyonunu sağlar. **SAYFA 988**
58. **Cevap: B.** Krikotiroid kasının kasılması vokal kord gerginliğini ve uzunluğunu artırarak, birim uzunluk başına düşen vokal kord kütleini azaltır. Bu, hava basıncı sabit kaldığında titreşim frekansının artmasını sağlar ve ses perdesini yükseltir. **SAYFA 986-987**
59. **Cevap: C.** Consensus Auditory-Perceptual Evaluation of Voice, dinleyicinin hastanın sesini tanımlaması için standartlaştırılmış bir araçtır. **SAYFA 993**
60. **Cevap: B.** Stroboskopi, sürekli ışıkla gözlemlenemeyecek kadar hızlı olan mukozal dalgalanma görüntüsünü elde etmek için, ses teli titreşim frekansından biraz daha düşük bir frekansta yanıp sönen darbeli bir ışık kaynağı kullanır. **SAYFA 994**

24. Zigomatik arkın en sık görülen kırık tipi şudur:

- A. İç doğru yer değiştiren iki segment oluşturan tek kırık
- B. TB. Üç segmentli V-patternine neden olan iki kırık
- C. Parçalı kırık
- D. İki segmentli V-patternine neden olan üç kırık
- E. Yer değiştirme olmayan tek kırık

25. Zigomatikomaksiller kırıklara koronal yaklaşımın yaygın riski:

- A. Fasiyal sinirinin temporal dalında yaralanma riski
- B. Saç dökülmesi
- C. Kesi boyunca uyuşukluk
- D. Kan kaybı
- E. Enfeksiyon

26. Aşağıdakilerden biri hariç hepsi, zigomatikomaksiller kompleks (ZMC) kırıklarının onarımında kullanılabilen insizyonlardır:

- A. Subsiliyer insizyon
- B. Gingivobukkal insizyon
- C. Koronal insizyon
- D. Transkolumellar insizyon
- E. Blefaroplasti insizyonu

27. Aşağıdakilerden biri hariç hepsi zigoma ile eklem yapar:

- A. Sfenoid
- B. Frontal kemik
- C. Maksilla
- D. İnfraorbital rim
- E. Palatin kemik

28. Saf Le Fort orta yüz kırıkları (tip I, II ve III) şu kırıkları ortak olarak içerir:

- A. Palatin ve nazal kemikleri
- B. Alveolar kenar ve nazal septum
- C. Pterygoid plateler ve orbita
- D. Lateral orbital rim ve etmoid kemik
- E. Nazal septum ve pterigoid plateler

35. Emerek beslenen bebeklerde bukkal frenulum lizisinin aşağıdakilerden hangisini iyileştirdiği gösterilmiştir?
- A. Beslenme hızını arttırır.
 - B. Hava yutma sıklığını azaltır.
 - C. Sıvı beslenmeden katı beslenmeye geçişi kolaylaştırır.
 - D. Yukarıdakilerin hiçbiri.
-
36. Merkezi sinir sistemi rahatsızlıkları genellikle beslenme ve konuşma becerilerini derinden etkileyen oromotor disfonksiyonu da beraberinde getirir. Aşağıdaki durumlardan hangisi kronik fakat statik olan ve oromotor becerileri etkileyen bir durumdur?
- A. İlerleyici spinal musküler atrofi
 - B. Duchenne musküler distrofi
 - C. Myastenia gravis
 - D. Serebral palsi
-
37. Normal gelişim gösteren ve daha önce beslenme sorunu yaşamamış 6 yaşında kız çocuğu, futbol antrenmanı öncesinde atıştırmalık yerken boğazında düğümlendi ve kustu. Çocuğun durumu hızla düzeldi ve herhangi bir müdahaleye gerek kalmadı. Hızlı iyileşmesine rağmen, çocuk daha sonra boğulma korkusu geliştirdi ve yavaş yavaş sadece sıvıları ve çok sınırlı sayıda katı yiyeceği yemeyi kabul etmeye başladı. Yemeyi kabul ettiği katı ve sıvı gıdaların alınımında yutma bozukluğu belirtisi yoktur ve yutma çalışmaları sonuçları normaldir. Düşünülen olası tanı nedir?
- A. Kaçınma-kısıtlayıcı gıda alım bozukluğu (ARFID)
 - B. Anoreksi
 - C. Oromotor disfonksiyon
 - D. Orofarengeal disfaji
-
38. Devlet hastanesinde doğan bebekte mikrogmati ve yarı damak sorunu vardır ve daha sonra Pierre Robin sekansı (PRS) teşhisi konulur. Bebek medikal olarak stabildir ve uygun emme refleksi vardır ve besleyici olmayan emme becerileri sergiler, ancak yenidoğan odasından taburcu olduktan sonra gerekli volümde oral beslenme almamaktadır. Katkıda bulunan en olası faktörler nelerdir?
- A. Tipik oral reflekslerin eksikliği
 - B. Mikrogmati ve dil posterior pozisyonu nedeniyle beslenme sırasında olası hava yolu obstrüksiyonu
 - C. Oral hipersensitivite
 - D. Oral hiposensitivite

122. Acil serviste, şikayeti dışında sağlıklı olan 12 aylık erkek çocuk için danışılmaktadır. Annesi, çocuğun 3 gün önce çocuk doktoru tarafından kulak enfeksiyonu teşhisi konulduğunu ve amoksisilin tedavisine başlandığını bildirmektedir. Ancak, çocukta ateş, sinirlilik ve sol kulağını çekme belirtileri devam etmektedir. Muayenede, hastanın kulak kepçesi ve mastoid normal görünmekte, hassasiyet veya ödem yoktur. Sol timpanik membran bombedir, pürülan orta kulak efüzyonu eşlik etmektedir. Siz gelmeden önce yapılan BT görüntülemesinde, kemik erozyonu olmaksızın mastoid hava hücreleri ve orta kulak boşluğunda komplet opasifikasyon görülmektedir. Ne önerirsiniz?

- A. Antibiyotiği amoksisilin/klavulanata değiştirin
- B. Miringotomi
- C. IV antibiyotik tedavisi için yatış
- D. Kortikal mastoidektomi ve timpanostomi tüpü yerleştirilmesi

123. Babası 4 yaşındaki kızını, 6 ay önce timpanostomi tüpü yerleştirildikten sonra rutin takip için kliniğinize getirir. Kızın 4 hafta önce sağ kulağında akıntı sorunu vardı ve antibiyotik damlalarla tedavi edildi. Şu anda herhangi bir şikayeti yok. Sağ timpanometri, geniş kulak kanalı volümü ile düz eğri gösteriyor. Timpanometri sonuçları göz önüne alındığında, aşağıdakilerden hangisi en olasıdır?

- A. Persistan AOM
- B. Patent timpanostomi tüpü
- C. İyileşmiş timpanik membran ile ekstrüde timpanostomi tüpü
- D. Timpanometri cihazının kulak kanalına yetersiz kapatması

124. 12 yaşında erkek çocuk, kulaklarında dolgunluk hissi ve her iki kulakta işitme güçlüğü şikayetleri nedeniyle anne ve babası tarafından kliniğe getirilmiştir. Bunun dışında sağlıklıdır ve ateş, ağrı veya baş dönmesi şikayetleri yoktur. Kulaklarında dolgunluk hissi olduğunu, "su altında işitme" gibi olduğunu tarif etmektedir. 512 Hz diyapozon muayenesinde Weber ortadadır ve kemik iletim, her iki tarafta hava iletiminden daha fazladır. Otoskopide dış kulak kanalları (EAC) açık, timpanik membran intakt ve her iki tarafta sarımsı berrak orta kulak efüzyonu görülmektedir. Bu durumla ilgili aşağıdakilerden hangisi doğrudur?

- A. Bakteriyel biyofilmler patogeneze major role sahiptir.
- B. Efüzyonlu Otitis media (OME) olan hastaların çoğunda orta kulak efüzyonlarında bakteriyel patojen tespit edilir.
- C. Hastalar semptomatik olduğunda, genellikle baş dönmesinden şikayet ederler.
- D. Timpanometri, enfeksiyöz ve enfeksiyöz olmayan nedenleri ayırt etmede yardımcıdır.

125. 3 yaşında çocuğun ebeveynleri, 6 aydır süren OME nedeniyle timpanostomi tüpü takılmasını değerlendiriyorlar. Aileye danışmanlık yaparken, aileye söyleyeceğiniz timpanostomi tüpü takılmasının en yaygın sekeli nedir?

- A. Kalıcı perforasyon
- B. Kanama
- C. Kolestatom
- D. Pürülan otore

51. **Cevap: D.** Farengoglottik kapanma, yumuşak damağın nazofarenkse doğru kapanması, vokal kord adduksiyonu ve tiroaritenoid ve interaritenoid kasların kasılmasıyla aritenoidlerin yaklaşması, larenks girişi üzerinde epiglot inversiyonu ve larengeal elevasyon ile gerçekleşir. Bu, CN IX ve X'in afferent ve efferent bağlantıları tarafından sağlanır. **SAYFA 1442**
52. **Cevap: B.** Larengomalazi, bebeklerde inspiratuar stridorun en sık nedenidir. İnspirasyon sırasında supraglottik yapıların glottise prolapsusu nedeniyle beslenme ve/veya ajitasyon sırasında kötüleşen inspiratuar stridor ile karakterizedir. **SAYFA 1444**
53. **Cevap: C.** EOE, mikroskopik biyopside görülebilen (yüksek büyütme alanında 15'ten fazla intraepitelyal eozinofil) özofagus mukozasında eozinofil infiltrasyonu ile karakterize, T helper-2-aracılı inflammatuar immün yanıttır. EoE hastalarında farengeal disfaji etiyolojisinin, özofagus ve aerodigestif sistemin kronik inflamasyonu ve yeniden şekillenmesi olduğu düşünülmektedir. **SAYFA 1447**
54. **Cevap: C.** Çocuğun semptomları düzelmiş ve solunum sağlığı stabil ise, kıvamı koyulaştırılmış sıvılardan vazgeçme denemesi uygun olabilir. Ancak, sessiz aspirasyon öyküsü varsa, VFSS ile yutma fonksiyonunun resmi olarak yeniden değerlendirilmesi veya yutmanın fonksiyonel endoskopik değerlendirmesi gerekebilir. **SAYFA 1451**
55. **Cevap: B.** Daha yavaş akan bir biberon kullanmak ve besleme sırasında düzenli aralıklarla mola vermek, nefes alma/yutma koordinasyonuna yardımcı olabilir. Kıvam arttırıcılar sıvının akış hızını yavaşlatmaya yardımcı olabilir, ancak önce diğer stratejiler uygulanmalıdır. **SAYFA 1452**
56. **Cevap: D.** Krikotrakeal rezeksiyon, %90 başarı oranıyla cerrahi başarı şansı en yüksek olan seçenektir. Seçenek A'nın başarı oranı %60 ile %80 arasında değişmektedir ve düşük dereceli stenozlarda en iyi sonucu vermektedir. Seçenek B, bazı vakalarda anterior greft ile tedavi edilebilse de, yüksek dereceli SGS'de başarı oranı %60 ile %80'den daha düşüktür. Seçenek C, akut balon dilatasyonu başarılı olabilir. Bu vakada, balon dilatasyonu en iyi başarı seçeneği olmayacaktır. **SAYFA 1446-1447**
57. **Cevap: B.** Hava yolu rekonstrüksiyonu öncesinde aspirasyon ve yutma değerlendirmesinin yapılması önemlidir. Hava yolu daha fazla açıldığında hastalar aspirasyon için yüksek risk altında olabilir ve aspirasyonun kötüleşmesine neden olabilir. Seçenek A, FESS bir sinüs prosedürüdür ve fonksiyonel endoskopik yutma değerlendirmesi ile kolayca karıştırılabilir. Seçenek C, lateral boyun röntgeni: Bunlar bazı hastalarda istense de, zaten bilinen hava yolu darlığının değerlendirilmesinde yaygın olarak kullanılmazlar. Seçenek D, pulmoner fonksiyon testleri daha büyük hastalarda (6 yaşından büyük) elde edilebilir, ancak sıklıkla elde edilmez ve hava yolu darlığı veya trakeotomi olan çocuklarda güvenilir sonuçlar elde etmek zor olabilir. **SAYFA 1462**
58. **Cevap: C.** Slide (kaydırma) trakeoplasti, tam trakeal halkaların kesin tedavisidir. Semptomatik hastaların tedavisinde en iyi başarıyı sağlar. Seçenek A, tam halkaların trakeal rezeksiyonu, trakeayı önemli ölçüde kısaltır. Seçenek B, tam halkalar için bir tedavi değil, daha çok SGS içindir. Seçenek D, perikardiyal yama, yüksek mortalite ve revizyon oranına sahip tam halkalı hastalar için tarihi bir tedavidir ve artık kullanılmamaktadır. **SAYFA 1467**

85. Hasta, kulak ağrısının şiddetlenmesi ve yutma güçlüğü şikayetiyle acil servise başvurur. BT görüntülemesinde tiroid kartilajda erozyon ile birlikte büyük bir larenks kitlesi saptanır. Hasta ile yapılan görüşmede, yaklaşık bir yıl önce gırtlakındaki bir leke için biyopsi yapıldığını bildirir. Biyopsi sonucunun kanser açısından negatif olduğu söylenmiş ve bundan sonra doktoruna başvurmamıştır. Bu biyopsinin patoloji raporunda büyük olasılıkla şunlar görülecektir:

- A. Hiperkeratozis
- B. Skuamöz papillom
- C. Yüksek dereceli displazi
- D. Vokal polip
- E. Şarkıcı nodülü

86. Hasta, CO₂ lazer ile T1a glottik karsinom için primer transoral lazer mikrocerrahi (TLM) geçirdikten 8 ay sonra kliniğe gelir. Durumu iyidir ancak kalıcı ses kısıklığı olduğunu belirtir. Ameliyat raporunda vokal kasın bir kısmının rezeke edildiği ve patoloji raporunda cerrahi sınırların temiz olduğu belirtilmektedir. Tedavi bakımından bu hastanın ses sonuçlarıyla en güçlü şekilde ilişkili olan hangisidir?

- A. Rezeksiyon derinliği
- B. CO₂ lazer kullanımı
- C. Tamamlanmamış rezeksiyon
- D. Rezeksiyon sırasında enjeksiyon larengoplasti yapılmaması
- E. Konuşma sırasında zayıf diyafragma desteği

87. Bir avukat, T1b glottik karsinomun tedavi seçenekleri hakkında ikinci bir görüş almak için başvurur. İşinde sesini çok kullandığını belirtir. 15 yıl önce geçirdiği multiple fasiyal kırık sonrasında kronik temporomandibular eklem (TME) problemleri öyküsü vardır. Hasta neden endoskopik rezeksiyon yerine RT'yi tercih etmelidir?

- A. Sesin korunması
- B. İki taraflı hastalık
- C. Ağız açıklığının azalması
- D. Daha önce radyoterapi almaması

88. 57 yaşında kadın hasta, 1 yıl önce T1b glottik karsinom nedeniyle XRT tedavisini tamamlamıştır. Son birkaç takip randevusuna gitmeyerek, ses kısıklığının kötüleşmesi nedeniyle başvuru yapmıştır. Fleksible larengoskopi, sağ gerçek vokal kordda (TVC) bir kitle olduğunu ortaya koymuştur. Sağ TVC'de yeni bir hareket azalması saptanmıştır, ancak fiksasyon yoktur. Rekürren kanserin biyopsi ile doğrulanması sonrasında, aşağıdakilerden hangisi hasta için planlanmamalıdır?

- A. Total larenjektomi
- B. Supraglottik larenjektomi
- C. Suprakrikoid larenjektomi
- D. TLM

5. Which of the following statements is correct regarding RLS (restless legs syndrome)?

- A. Polysomnogram (PSG) is required for the diagnosis of RLS.
- B. Selektif serotonin geri alım inhibitörleri (SSRI'lar) RLS tedavisinde kullanılabilir.
- C. Serotonin, bu hastalıkta başlıca rol oynayan nörotransmitterdir.
- D. RLS tedavisinde opiatlar kullanılabilir.
- E. Hemoglobin, RLS riskiyle en yakından ilişkili serum belirteçidir.

6. OSA ve semptomatik nazal obstrüksiyonu olan hastalarda, nazal direnci azaltmaya yönelik tedavi, aşağıdakilerden biri hariç hepsi ile ilişkilidir:

- A. Apne-hipopne indeksinde (AHI) en az %50 düşüş
- B. Hasta tarafından bildirilen uyku ölçümlerinde iyileşme
- C. Gündüz uykululuğunda azalma (Epworth uykululuk ölçeği)
- D. Pozitif basınç tedavisi ve oral aparat tedavisi ile başarı oranlarında artış

7. Oronazal maskelere kıyasla, nazal yastıklı maskeler aşağıdakilerle ilişkili olabilir:

- A. Artan kaçak oranı
- B. İnsomnia semptomlarında artış
- C. Daha düşük pozitif hava yolu basıncı (PAP) basınç gereksinimleri
- D. Daha düşük ekipman maliyetleri

8. Aşağıdaki oral aparat tedavisi yan etkilerinden hangisi en sık tedavinin bırakılmasını gerektirir?

- A. Diş rahatsızlığı
- B. Gingiva veya diğer mukozal irritasyon
- C. Ağız kuruluğu
- D. Oklüzyon değişikliği

9. Oral aparat tedavisine optimal yanıtla ilişkili klinik faktörler nelerdir?

- A. Üst solunum yolu kollaps eğiliminin artması (yüksek farengeal kritik kapanma basıncı)
- B. Artmış anatomik olmayan patofizyolojik mekanizmalar (örn. yüksek loop kazancı, düşük arousal eşiği)
- C. Azalmış vücut kitle indeksi (BMI)
- D. Diş sayısının azlığı

