



BÖLÜM 13

Kolanjiyeluler Karsinoma Tanı ve Tedavi Yöntemleri

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ÖZET

Kolanjiokarsinomlar (safra kanalı kanserleri) intrahepatik ve ekstrahepatik safra kanallarının epitel hücrelerinden kaynaklanır. Kolanjiokarsinom terimi, safra kesesi veya Vater ampullası hariç, intrahepatik, perihilar veya distal (ekstrahepatik) biliyer ağaçta ortaya çıkan safra kanalı kanserlerini belirtmek için kullanılır. Ekstrahepatik kolanjiokarsinomlu hastaların çoğu ağrısız sarılık, sağ üst kadrın karın ağrısı ve kilo kaybı ile başvurur. İntrahepatik kolanjiokarsinomlu hastaların sarılık olma olasılığı daha düşüktür. Primer sklerozan kolanjitli (PSC) bir hastada kolanjiokarsinom gelişimi sıklıkla sarılık, kilo kaybı ve karın ağrısına ek olarak performans durumunun azalmasıyla hızlı klinik bozulma ile beraberdir. Preoperatif evreleme değerlendirmesi, tanısal değerlendirmenin bir parçası olarak radyografik ve endoskopik çalışmalarla başlar.

Anatomi, Tümör Sınıflandırması ve Evrelemesi

TNM Evreleme Sınıflandırmaları

Amerikan Ortak Kanser Komitesi (AJCC)/Uluslararası Kanser Kontrol Birliği (UICC) kanser evreleme kılavuzunun en yeni versiyonu, perihilar (tablo 1), distal (tablo 2), ve tümü tümör (T) evresi tanımlarında ve prognostik evre gruplamalarında farklılık gösteren intrahepatik safra kanalları (tablo 3). Kombine hepatosellüler ve kolanjiokarsinomlar (mix hepatokolanjiyokarsinomlar)

intrahepatik safra kanalı sınıflandırmasına dahil edilir (1-3).

Distal safra kanalı tümörleri için, bölgesel düğüm (N) evrelemesi, yalnızca varlığı veya yokluğu yerine, tutulan düğümlerin sayısına göre genişletildi ve T evrelemesi artık safra kanalına tümörün milimetre cinsinden derinliğine bağlandı (tablo 2) (4).

Perihilar tümörler için, tutulan düğümlerin yeri yerine tutulan lenf düğümlerinin sayısına göre N kategorisi yeniden sınıflandırılmış ve Biz-

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kalım oranı ile eşit olarak daha iyi bir prognoza sahiptir. Stentleme gerçekleştirilemezse ve/veya harici stentleme istenmiyorsa veya alınamiyorsa palyatif prosedürler gereklidir. Bu gibi durumlarda özellikle koledoktaki tümörler için cerrahi bypass yapılmalıdır (42).

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