

BÖLÜM 20

Transarteriel Kemoembolizasyon (TAKE)

Eser BULUT ¹

ÖZET

Karaciğerin primer ve metastatik tümörlerinin küratif tedavisi cerrahi, karaciğer nakli ve perkütan ablasyon tedavisidir. İlk kez 1974 yılında karaciğer tümörlerinin transarteriyel yolla embolizasyon tedavisi bildirilmiştir. TAKE kullanılan ajana göre iki ayrı yöntem olarak uygulanır. Lipiodol ile kemoterapötik ajan kombinasyonu ile uygulanan konvansiyonel TAKE (kTAKE), ilaç yüklenebilir mikroküreler ile kemoterapötik kombinasyonu ile yapılan ise debTAKE dir. Minimal invaziv olarak uygulanan bu tedavi şekilleri hastaların ortalama ve toplam sağ kalım sürelerini artırmaktadır. Ayrıca hastaların klinik evrelerini düşürerek küratif tedaviler için köprü görevinde görmektedir. TAKE karaciğerde primer tümör olan HCC de ve metastatik tümörlerde uygulanmaktadır.

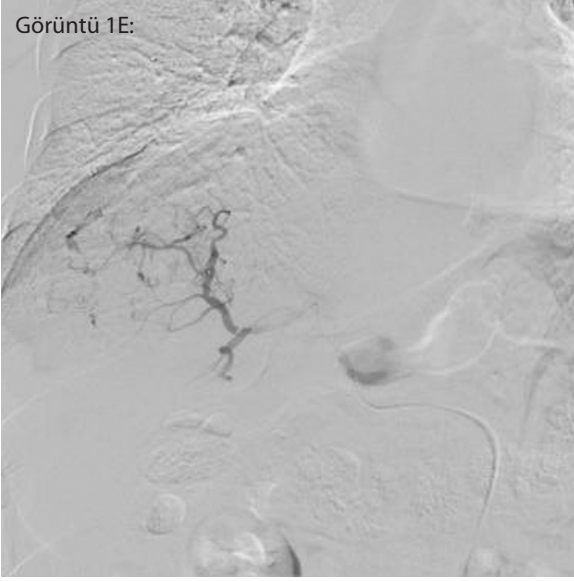
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Onkolojik girişimsel işlemler, minimal invaziv yaklaşım ile kanserin tedavisini sağlayabilen yöntemlerdir(1).

Karaciğerin primer ve metastatik tümörlerinin küratif tedavisi cerrahi, karaciğer nakli ve perkütan ablasyon tedavisidir. Karaciğer parankiminin ve tümörlerinin vasküler beslenme özelliklerinin keşfedilmesinin ardından karaciğer malign tümörlerin transarteriyel yolla tedavisi fikri ortaya çıkmış ve ilk kez 1974 yılında karaciğer tümörlerinin transarteriyel yolla embolizasyon tedavisi bildirilmiştir(2). Başlangıçta jelatin sünger partikülleri embolizasyon için kullanılırken 1980'li yıllardan itibaren iodinize yağlı kontrast madde olan lipiodol kullanıma girmiştir(3). Lipiodol embolizan etkisi ile birlikte birçok kemoterapötik ajan ile iyi emülsiyon oluşturmaktadır. Tümör içinde akümüle olabilmekte ve burada karaciğer parankimine göre daha uzun süre kalabilmesi sebebiy-

¹ Uzm. Dr. Eser BULUT, SBÜ Trabzon Kanuni Eğitim ve Araştırma Hastanesi Radyoloji Bölümü eserbulutmd@gmail.com

Görüntü 1E:



Görüntü 1F:



Görüntü 1. A-Süperior mezenterik arterin DSA ile görüntüsü. Hepatik arter orijini izlenmedi. Tümöral beslenmeye katkısı saptanmadı. B-Çöltak trunkus DSA görüntüsü. Hepatik arterin çölyak trunkusdan orijin aldığı görülmekte C,D-Selektif sağ hepatic arterin DSA görüntüleri. Geç fazda tümöral boyanma izlenmektedir. E-Embolizasyon işlemi sonrasında selektif sağ hepatic arter DSA görüntüsü. Tümöral boyanma izlenmemekte. F-Embolizasyon sonrasında ana hepatic arterden yapılan anjiogram görüntüsü

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