

BÖLÜM 21

Transarteriyel Radyoembolizasyon (TARE)

Eser BULUT ¹

ÖZET

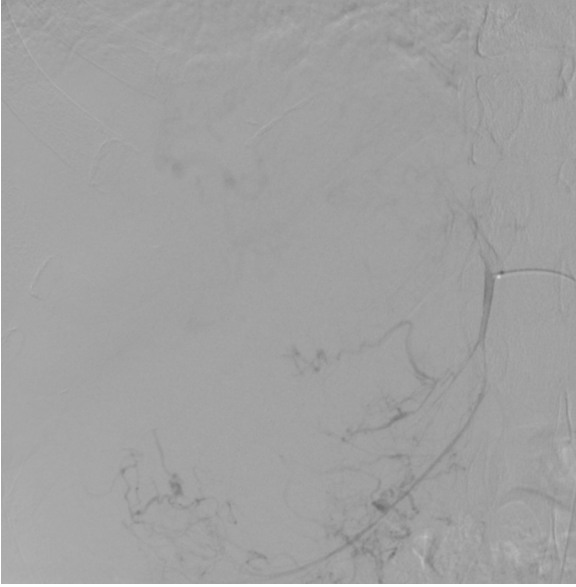
TARE rezeke edilemeyen primer tümörlerde veya sistemik kemoterapiye cevap vermeyen karaciğer baskın metastatik tümörlerde Yttrium-90 (Y-90) yüklü mikroküreler kullanılarak yapılan tedavidir. Tedavi mikrokateret kullanılarak hepatic arter üzerinden karaciğer parankimine uygulanan internal ışınlama tekniği anlamına gelmektedir. TAKE ile teknik anlamda benzerlik göstermektedir. Ancak dokuya etkileri farklılıklar içermektedir. TAKE dokuda iskemi ve sitotoksik yolla etki göstermektedir. Ancak TARE de iskemik etkisi sınırlıdır. Bununla birlikte asıl etkisi dokuya lokal radyasyon ile olmaktadır. Bu nedenle TARE de post embolizasyon riski azdır. TARE tedavisi hepatic arter üzerinden uygulanarak radyasyon etkisi tümör içerisinde ve komşu arteriollerde kalmaktadır. Bu sayede normal karaciğer parankimine radyasyon etkisinin önemli ölçüde sınırlandırıldığı düşünülmektedir. TARE primer karaciğer tümörlerinde (hepatosellüler karsinom (HCC) ve intrahepatik kolanjiyokarsinom) ve metastatik tümörlerde (kolorektal kanser, meme kanseri, nöroendokrin tümörler (NET)) ve uveal melanom tümörlerinde yaygın olarak uygulanmaktadır.

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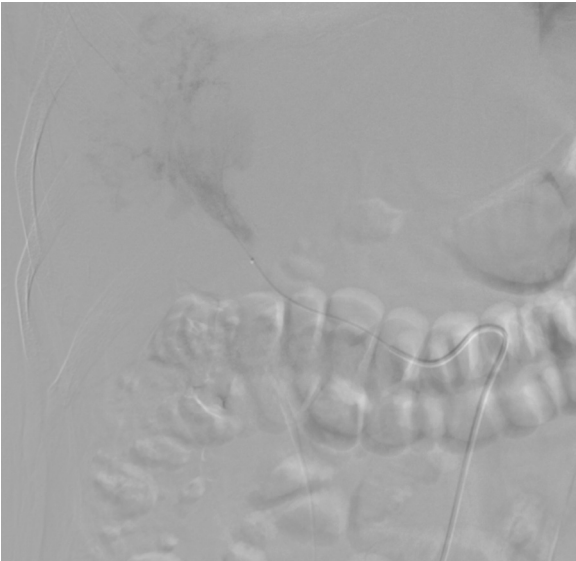
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Resim 2. altyazı: Sağ hepatic arterden selektif olarak yapılan anjiogramda kitlesel boyanma izlenmektedir.



Resim 3. Altyazı: Sağ lobda Segment 8 seviyesinden hepatic arteriyel yapı içerisinde süperselektif anjiogram

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