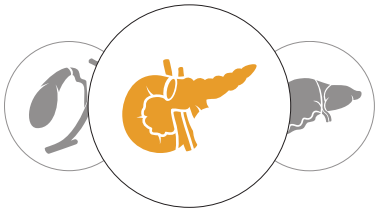

BÖLÜM 53

Somatostatinoma Tanı ve Tedavi Yaklaşımları

Ersoy TASPİNAR [1]

ÖZET

Somatostatinomalar, aşırı miktarda somatostatin içeren ve bazen salgılayan D hücre kökenli, nadir görülen nöroendokrin tümörlerdir. Somatostatinomalı hastalarda kolelitiazis, safra kesesi kontraktilitesini azaltan kolesistokinin salınımının inhibisyonundan kaynaklanabilmektedir. Azalan insülin sekresyonu, glukoz intoleransına/diyabete yol açmaktadırlar. Pankreatik enzim ve bikarbonat sekresyonunun inhibisyonu ve lipitlerin intestinal absorpsiyonu diyare ve steatoreye neden olmaktadır. Diğer nöroendokrin tümörlerde olduğu gibi cerrahi rezeksiyon tercih edilen tedavi yöntemidir. Yaygın bilobar tutulumu, bozulmuş karaciğer fonksiyonu veya yaygın ekstrahepatik metastazları olmayan, metastatik hastalığı olan hastalarda hepatik rezeksiyon düşünülebilmektedir. Hastalar metastatik hastalık ile başvurduğunda prognoz genellikle kötüdür.

Somatostatinoma Epidemiolojisi

Somatostatinomalar, aşırı miktarda somatostatin içeren ve bazen salgılayan D hücre kökenli, nadir görülen nöroendokrin tümörlerdir (1). Somatostatinomalar, yıllık insidansı 40 milyonda 1 olan nadir nöroendokrin tümörlerdir (2). Somatostatinomaların ortalama tanı yaşı, kabaca eşit bir cinsiyet dağılımı ile 50 ila 55 yıldır. Somatostatinomaların yaklaşık %55'i pankreastadır ve bunların üçte ikisi pankreasın başında ortaya çıkar. Geri kalanı duodenumun ampulla ve periampuller bölgesinde veya nadiren jejunumda ortaya çıkar. Diğer nadir primer bölgeler arasında karaciğer, kolon ve rektum bulunur (3-5). Somatostatinomaların yaklaşık %75'i maligndir ve %70 ila %92'si metastatik hastalık ile kendini gösterir. Somatostatinomaların %35 ila %45'i çoklu endokrin neoplazi (MEN)-1 sendromu veya diğer ailesel sendromla ilişkili olarak ortaya çıksa da, somatostatinomalar, MEN-1 sendromlu hastalarda en az görülen işleyen pankreas nöroendokrin tümörleri arasındadır ve hastaların %1'inden azında görülür (6). Nörofibromatoz I (NF-1; von Recklinghausen hastalığı) olan hastaların %10 kadarında somatostatinomalar gelişir. NF-1 ile ilişkili soma-

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Tablo 3: Pankreas nöroendokrin tümörü rezeksiyonu yapılan hastalarda beş ve on yıllık sağkalım oranları (41).

Stage	Gözlemlenen Survival*		Relative survival¶		Median survival (ay)
	5-yıl (percent)	10- yıl (percent)	5- yıl (percent)	10- yıl (percent)	
I	61.0	46.0	75.6	71.1	112
II	52.0	28.8	64.3	45.8	63
III	41.4	18.5	60.5	33.1	46
IV	15.5	5.1	19.9	8.9	14

* Her aşama grubu arasındaki karşılaştırmalar p<0,0001 için önemlidir.
¶ Sağkalım, 1990 Amerika Birleşik Devletleri Sayım Bürosu verileriyle eşleştirilerek hastanın yaşına göre ayarlanmıştır.

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