

BÖLÜM

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KARIN ÖN DUVARI TÜMÖRLERİ VE CERRAHİSİ

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GİRİŞ

Batın ön duvarında ele gelen kitle nedeni ile yapılan başvurular veya başka bir nedenle yapılan görüntüleme yöntemleri sırasında batın ön duvarında tesadüfen kitle izlenmesi oldukça yaygındır. Etiyolojide birçok neden olmakla beraber, bu duruma en sık batın ön duvarı fitikları sebep olur. Daha nadir olarak yumuşak doku lezyonları, yumuşak dokunun benign veya malign tümörleri de karşımıza çıkabilir. Batın ön duvarında en sık görülen tümör; benign bir tümör olan lipomdur. Desmoid fibromatozis ve yumuşak doku sarkomları da tümörler arasında karşımıza çıkabilir. Tanı ve ayırcı tanıda kitlelerin radyolojik özelliklerin belirlenmesi ve doku tanısı elde edilmesi önem arz eder. Cerrahi tedavi onkolojik prensiplere bağlı kalınarak bu kitlelerin tam rezeksiyonu ve oluşan batın ön duvari defektlerinin rekonstrüksiyonu içerecek şekilde planlanmalıdır.

YAKLAŞIM

Çalışmalarda yumuşak doku tümörlerinin yıllık insidansı 3000/1.000.000 olarak bildirilmektedir (1,2). Görüntüleme yöntemlerinin giderek daha sık kullanıl-

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Onkolojik prensiplere uygun şekilde geniş lokal eksizyon bu tür tümörlerin tedavisinde temel taşır. Onkolojik rezeksiyon sonrası karın ön duvarında ortaya çıkan defektler de rekonstrüksiyon açısından dikkatlice değerlendirilmeli ve tedavi edilmelidir.

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