

Bölüm 15

GASTROİNTESTİNAL STROMAL TÜMÖRLERDE CERRAHİ YAKLAŞIM

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GİRİŞ

Gastrointestinal sistemin (GİS) nadir tümörlerinden olan Gastrointestinal stromal tümör (GİST) Mazur ve Clark tarafından 1983 yılında tanımlanmıştır ⁽¹⁾. GİST'ler, GİS'de en sık görülen mezenkimal tümörlerdir ve tüm gastrointestinal tümörlerin % 0.1 ile % 3'ünü oluştururlar. Sarkomların ise, %5-7'sini oluştururlar.

GİST'ler epitelyal olmayan tümörlerdir. Motiliteyi kontrol etmek için “pace-maker” olarak görev yapan pluripotent bir mezenkimal kök hücre olan Cajal'ın interstisyel hücrelerinden kaynaklandığı düşünülmektedir. Cajal'ın interstisyel hücreleri, 1893 yılında Santiago Ramon Y Cajal tarafından tanımlanmıştır. GİS'de; serozanın altında, motor nöron ve düz kas hücreleri arasında bulunur ve bu iki yapı arasında iletişimini kurar. GİS peristaltizmini sağlar.

GİST'ler; mide (%60), jejunum ve ileum (%30), duodenum (%4-5) , rektum (%4)'da görülür. Kolon (%1-2), özefagus (<%1) ve nadiren mide ya da barsakların çevresinde belirgin primer ekstragastrointestinal tümörler olarak karşımıza çıkabilir. 50 yaş ve üstünde (60-65 yaş) daha sık meydana gelirler. Genel insidansı, rastlantısal minimal tümörler de dahil olmak üzere milyonda 10 ila 20 olarak tahmin edilmiştir⁽²⁾.

EPİDEMİYOLOJİ

Mezenkimal tümörlerin tüm primer GİS kanserlerinin sadece %1'ini oluşturduğu düşünülmektedir. Epidemiyolojik veriler, GİST'in moleküler olarak karakterize edilmesinden önce sağlıklı olarak tespit edilememişlerdir. İsveç ve İzlanda'dan yapılan epidemiyolojik çalışmalar, milyonda 11 ve 14.5 oranında bir insidans bil-

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edilebilir hastalığa sahiptir ⁽¹⁸⁾. TKİ'lerinin, hastaların %80'inden fazlasında büyümeyi kontrol ettiği gösterilmiş olsa da, tam cevaplar nadiren elde edilmektedir ^(63,64). Ek olarak, imatinib'e yanıt veren çoğu hasta, KİT genindeki ek mutasyonlarla direnç kazanır. Progresa kadar geçen ortalama süre 2 yıldır.

Tam rezeksiyonla bile, NCCN ve ESMO'dan mevcut klinik uygulama kılavuzları, rezeke metastazlı hastalar için imatinibin sınırsız uygulanmasını önerir ⁽¹⁸⁾. NCCN kılavuzları ayrıca imatinib tedavisinin kesilmesinin hastalığın ilerlemesini hızlandırabileceğine ve ortalama 6 ay ilerlemeye devam edeceğine dikkat eder.

Ameliyat mümkün olmadığında, radyofrekans ablasyon veya embolizasyon gibi alternatif cerrahi olmayan ablatif teknikler kullanılabilir, ancak uzun vadeli faydalar hakkındaki veriler sınırlıdır ⁽¹⁸⁾.

SONUÇ

Gastrointestinal stromal tümörler (GİST), Gastrointestinal sistemin Cajal hücrelerinden köken aldığı düşünülen bir grup Mezenşimal doku kökenli tümörlerdir. Günümüzde bu tümörlere immünohistokimyasal yöntemlerle tanı konulabilmektedir. Genelde benign olarak davranış gösterdikleri düşünülse de yaklaşık %30 kadarı malign özellik gösterir. Tedavilerini temelini cerrahi olarak, tam rezeke etmek oluşturur. Cerrahi rezeksiyon tümörün boyutuna göre açık veya laparoskopik yöntem ile yapılabilir. Medikal tedavi ile son yıllarda cerrahi dışı tedavisinde önemli ilerlemeler olmuştur. Tirozin kinaz inhibitörü olan İmatinib mesilat ve analogları, hem cerrahi şansını kaybetmiş hastalara tekrar bu şansı kazandırabilir, hem de cerrahi öncesi veya sonrası cerrahi tedaviye eklenmesi hasta yaşam süresi ve yaşam kalitesinde ciddi artışa neden olur.

Anahtar Kelimeler: Gastrointestinal stromal tümör, mezenkimal neoplazm, GİST cerrahi tedavi, İmatinib mesilat, Cajal hücreleri

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