Bölüm
3

BÖBREK KANSERİNDE ERKEN VE LOKAL İLERİ EVRE HASTALIKTA CERRAHİ TEDAVİ

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GİRİŞ

Böbrek hücreli kanser(BHK) tüm kanserler içinde yaklaşık olarak %3 oranında görülür. Son 2 dekatta hem dünya da hem de Avrupa yıllık %2 oranında artış görülmüştür ve 2018 yılında Avrupa birliği ülkeleri içerisinde yaklaşık 99 200 yeni RCC vakası ve bu kanserle ilişkili 39 100 ölüm bildirilmiştir (1). Erkeklerde kadınlara oranlara 1.5:1 oranında daha fazla görülür ve 60-70 yaşları arasında en yüksek insidansa sahiptir (2). Etyolojik faktörler içerisinde sigara,obezite ve hipertansiyon gibi nedenler mevcut olup BHK için en etkili profilaksinin sigardan uzak durmak ve obeziteyi azaltmak olduğu bildirilmiştir (3).

TANI VE EVRELEME

Birçok hasta son evreye kadar asemptomatik olarak kalır. Günümüzde >60% BHK hastası başka nedenlerden dolayı yapılan abdominal ultrasonografi ya da bilgisayar tomografi sırasında insidental olarak tespit edilmektedir. Yan ağrısı,makroskopik hematüri ve karında ele gelen kitleden oluşan klasik semptom üçlüsü ise nadiren görülmektedir (%6-10) (4,5) . Paraneoplastik sendromlar semptomatik BHK hastalarının yaklaşık %30'unda görülmektedir. Bunlar arasında en sık gözlenenler hipertansiyon, kaşeksi, yüksek ateş, nöromiyopati, amiloidozis, sedimentasyon yüksekliği, anemi, karaciğer fonksiyon bozukluğu, hiperkalsemi, polisitemi gibi durumlardır (6). Çok az hasta kemik ağrısı,ısrarcı öksürük ve performans durumunun bozulması gibi semptomlarla başvurur (7).

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bir ekip tarafından yapılmalıdır. Bu tümörlerde yapılması gereken cerrahi yöntem hipotermi ve kardiyovasküler by-pass'tır. Ancak, son zamanlarda seviye IV tümörlerde de veno-venöz by-pass uygulanabilmektedir (67). Diğer alternatif cerrahi tedavi tamamen intraabdominal cerrahinin yapılmasıdır. Bu yöntemde karaciğer tamamen serbestleştirilmekte, sağ ve sol trianguler ligament ile sağ üst ve alt koronal ligament ayrılmaktadır. Santral diyafragma tendonu supradiafragmatik interperikardiyal vena kava görülene kadar diseke edilmektedir. Göğüs kafesine girmeden önce kaval trombektomi sağ atrium klemplenerek yapılır (70). Geçici VCI filtreleri BHK ve VCI trombüsü olan hastalarda tümör trombüsünün seviyesinden bağımsız olarak invaziv olmayan bir yöntem olarak uygulanabilir. Filtrelerin uygulanması ve çıkarılması oldukça kolaydır. Genellikle filtreler juguler venden girilerek vena kavada trombüsün kranial kısmına yerleştirilirler. İşlem esnasında venografi yapılması cerrah için daha iyi bir görüş imkanı sağlar. Bu işlemle radikal nefrektomi ve trombektomi operasyonu sırasında ortaya çıkabilecek olan muhtemel bir akciğer embolisinin önüne geçilmiş olur. Cerrahi operasyon geçici VCI filtresi yerleştirildikten sonra yapılır, filtre cerrahiden iki hafta sonra transjuguler ya da transfemoral yolla çıkarılabilir (71).

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