

Bölüm 8

ADRENAL TÜMÖRLERİN CERRAHİ TEDAVİSİ

Selamettin DEMİR¹

GİRİŞ

Adrenal insidentaloma görüntüleme tekniklerinde hastaların % 3,4 ile 7'sinde bulunmasına rağmen adrenal tümörlerin nadir olduğu bildirilmiştir.⁽¹⁾

Adrenal cerrahinin tarihi uzun bir sürece dayanmaktadır. İlk olarak 1889'da Thornton tarafından tanımlanmasına rağmen 1914 yılında Perry Sargent tarafından yapılan ilk planlı açık adrenalectomi onlarca yıldır adrenal hastalıklarda tek cerrahi yaklaşım olmuştur.⁽²⁾

Takip eden yıllarda adrenal glanda cerrahi yaklaşımda farklı yöntemler sunulmasına rağmen ilk laparoskopik prosedür Michael Gagner tarafından 1992'de yapılmıştır.⁽³⁾ Bu tanımlamalardan beri minimal invaziv adrenalectomide (laparoskopik, laparoskopik tek port ve robotik adrenalectomi) hastanede kalış süresinde kısılmanın, hasta bakım maliyetleri, yara yeri komplikasyonları ve kan kaybı azalmasının bildirilmesi ile birlikte daha erken hasta mobilizasyonu ve günlük aktiviteye daha hızlı dönüşün gösterilmesi ile adrenal tümörlerin tedavisinde radikal değişiklikler olmuştur.⁽⁴⁻⁶⁾ Gerçektende literatürde laparoskopik adrenalectomi, adrenal lezyonların tedavisinde altın standart olarak kabul edilmekte ve malign tümörlerde de kullanımı gittikçe artmaktadır. Feokromasitoma dahil bütün fonksiyonel tümörler, başka kontredikasyonların yokluğunda laparoskopik yaklaşım için aday olarak düşünülmektedir.⁽⁷⁻¹⁰⁾ Çok sayıda retrospektif ve prospektif serilerde daha az ağrı, daha az kan kaybı, daha hızlı iyileşme, daha az ileus ve daha kısa hastanede kalma süresi rapor edilmiştir.⁽⁸⁻¹²⁾ Yeni teknolojik ilerlemeler ve robotik yöntem gibi gelişmeler sadece araştırma ve uygulamada yeni olanaklar ve gelişmeler sunmaktadır. Adrenal gland cerrahisinin multidisipliner bir yaklaşım olduğunu bilmek önemlidir. Cerrahlar, anesteziistler, endokrinologlar ve onkolog-

¹ Üroloji uzmanı, S.B.Ü Van Eğitim ve Araştırma Hastanesi, drselami1978@hotmail.com

gili olduğu akılda tutulmalıdır. Literatürde robotik ve tek port yaklaşım dahil açık adrenalektomiden laparoskopik adrenalektomiye kadar birçok yaklaşım tanımlanmıştır. Cerrahların kendisine en yakın tekniği seçmesi önem arz etmektedir. Tablo-8'de adrenalektomide farklı teknikler karşılaştırılmıştır.

Çoğu çalışma laparoskopik adrenalektominin güvenli ve etkili olduğunu, hastanede kalış, operatif kan kaybı ve yara komplikasyonlarını düşürdüğünü ve açık cerrahiye kıyasla uzun dönem sonuçlarının benzer olduğunu ispatlamıştır. Bu yüzden cerrahi gerektiren adrenal hastalıklarda altın standart bir yöntem olarak kabul edilmektedir. Laparoskopik adrenalektominin öğrenme eğrisi genel pratikte bu vakaların az olmasında dolayı zor olabilmektedir. Robotik adrenalektomi büyük tümürlü ve morbid obezli hastalarda laparoskopik adrenalektomiye kıyasla avantajlar sağlayabilmekte fakat bu tekniğin gerçek yararı yüksek maliyet ve daha uzun operasyon zamanı düşünüldüğünde çok belirsizdir. Aynı şekilde tek port adrenalektomi teknik olarak deneyimli ellerde kolay ve güvenilirdir fakat diğer standart laparoskopik yaklaşımlar üzerinde herhangi bir avantajı bulunmamaktadır.

Sonuç olarak, karşılaştırmalı çalışmalar çoğu endikasyonda açık adrenalektomiye karşı laparoskopik adrenalektominin üstünlüğünü göstermiştir. Açık cerrahi ACC'de altın standart olarak kalmaya devam ederken seçilmiş vakalarda minimal invaziv yaklaşım uygun olabilir. Robotik ve laparoskopik tek port adrenalektominin rolünü tanımlamak için daha fazla çalışmaya ihtiyaç vardır.

Anahtar Kelimeler: Adrenalektomi, Minimal invaziv cerrahi, Laparoskopi, Robotik adrenalektomi

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