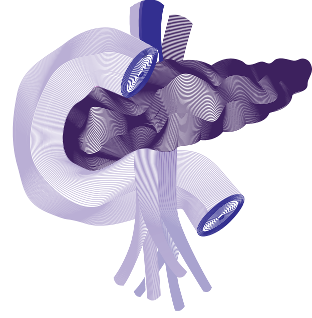
Bölüm 15

Pankreas Kistik Neoplazileri ve Cerrahi Yaklaşım



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Giriş

Yakın zamana kadar pankreasın kistik tümörlerinin nadir görülen pankreatik neoplazmlar olduğu düşünülürdü ancak otopsi çalışmalarından ve cerrahi serilerden elde edilen veriler doğrultusunda bu tümörlerin tahmin edilenden çok daha sık olduğu öğrenildi (1,2). Pankreasta yerleşim gösteren kistik lezyonların %80-90'ı pankreas psödokistleri tarafından oluşturulurken; pankreas kistik neoplazileri (PKN) ise tüm kistik lezyonların yaklaşık %15-20'sini, tüm neoplazilerin ise %1-5'ini oluşturmaktadır (3). Bununla birlikte, pankreas rezeksiyonlarının yaklaşık %30'unda ameliyat endikasyonu pankreas kistik neoplazileridir (3).

Gelişmiş radyolojik cihazların kullanılmasıyla beraber PKN'lerin tanı oranları da artış göstermiştir. Genellikle herhangi bir farklı sebepten dolayı batın içindeki bir patoloji tetkik edilirken tespit edilen bu tümörlerin, biyolojik davranışlarının ve tedavilerinin tamamen farklı olması nedeniyle; ayırıcı tanıları da büyük önem taşımaktadır. Seröz kistik tümörler asemptomatik oldukları sürece tedaviye gerek yoktur. Bununla birlikte, müsinöz kistik neoplaziler (MKN) ve intraduktal papiller müsinöz neoplaziler (İPMN) premalign veya malign yapıda olup, cerrahi rezeksiyon gerektirirler. Gerek MKN gerekse de İPMN farklı oranlarda da olsa maligniteye dönüşebilmektedir. Bu nedenle premalign özellik taşıyan lezyonların ayırt edilmesi, uygulanacak olan tedavinin belirlenmesinde

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İnvaziv olmayan İPMN›nin tekrarlama riski, invaziv İPMN ile karşılaştırıldığında çok daha düşük olup; %5-9 civarında olduğu tahmin edilmektedir (61). İnvaziv olmayan lezyonların nüksü de hemen hemen her zaman non-invazivdir ve rezeksiyondan ortalama dört yıl sonra ortaya çıkmaktadır (62). Bununla birlikte, eşlik eden pankreas duktal adenokarsinomu riskinin artması da göz önünde bulundurularak, invaziv olmayan lezyonların rezeksiyonu sonrasında hastaların sürekli tabibi önerilmektedir. Sadece 5 yıldan uzun süre 1.5 cm›den küçük kalan kistler, kansere ilerleme açısından düşük riskli olarak kabul edilmektedirler (63).

Sonuç olarak, pankreasın kistik lezyonları, özellikle tüm müsinöz kistler, aksi kanıtlanmadıkça invaziv pankreas kanserinin öncüleri olarak düşünülmelidir. Bu premalign lezyonların rezeksiyonu, pankreas kanseri gelişimini önlemek ve de kötü prognozu iyileştirmek için eşsiz bir fırsat sunar. Unutulmamalıdır ki, pankreasın kistik lezyonlarının cerrahi rezeksiyonu sonrasında mükemmel sağkalım sonuçları elde edilebilmektedir. Bu doğrultuda cerrahi endikasyonlar belirlenirken çalışma gruplarının belirlemiş oldukları kriterler ve klavuzlar yol gösterici olmalı, hastalar pankreas cerrahisi konusunda deneyimli, yüksek volümlü cerrahlara ve merkezlere yönlendirilmelidirler.

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