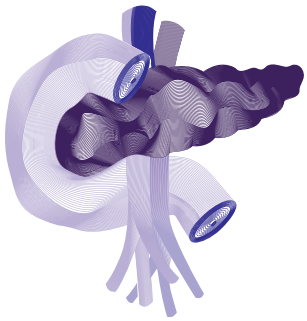
Bölüm 29

Pankreas Cerrahisi Sonrası Pankreatik Fistül Yönetimi



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Giriş

Pankreas cerrahisi tarihsel seyir açısından değerlendirildiğinde, geçmişten günümüze teknikten bağımsız olarak, kabul edilebilir bir morbidite ve mortalite ile artan sıklıkta uygulanmaya devam etmektedir. İleri cerrahi tecrübe ve multidisipliner yaklaşımın gerekli olduğu pankreas cerrahisi sonrası en sık karşılaşılan komplikasyonlardan biri de postoperatif pankreatik fistüldür (POPF). POPF, literatürde 3-45 % oranında olup (1-4); tedavi yaklaşımları hastanın klinik durumuna göre değişmekte ve halen cerrahların postoperatif morbidite açısından en fazla endişe uyandıran komplikasyonu olmaya devam etmektedir. Neden olabileceği batın içi abse, sepsis, organ yetmezliği ve vasküler erozyon sonrası masif intraabdominal hemoraji gibi komplikasyonlar nedeniyle (5) mortaliteye yol açabilecek olan POPF'ün yönetimi, pankreas cerrahları için oldukça önemlidir. Ek olarak POPF olan hastalarda yatış süresinin uzaması, adjuvan kemoterapiye başlamanın gecikmesi ve artan hastane maliyetleri de hızlı tanı ve uygun tedavi planlanmasının önemini gözler önüne sermektedir (6-8).

Pankreatikoduodenektomi sonrası pankreatik fistül yönetimi

İlk olarak 1935 yılında Whipple (9) tarafından uygulanan pankreatikoduodenektomi günümüzde halen periampuller tümörler için tek küratif tedavi yön-

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Diğer cerrahi işlemler sonrası pankreatik fistül yönetimi

PD ve DP dışındaki cerrahiler oldukça nadir uygulanmaktadır. Bunlar içerisinde total ve santral pankreatektomi ile enükleasyon sayılabilir. Total pankreatektomide geride pankreas dokusu kalmadığından POPF söz konusu değildir. Santral pankreatektomide, pankreasta iki adet kesik yüzey ve beraberinde iki anastomoz olduğu için hem POPF oranı (20-60 %) yüksek hem de fistüllerin evresi ileri olarak görülmektedir (71). Bu durum da işlemin yüksek morbiditesi nedeniyle olabildiğince az tercih edilmesine neden olmuştur. Enükleasyon ise genellikle benign ve uygun yerleşimli tümörlerde uygulanan bir yaklaşım olup; kaçak oranları 20-45 % düzeyindedir (72-75). Mevcut cerrahi işlemler sonrası tedavi prensipleri de daha önce bahsedilen PD ve DP ile aynıdır. Enükleasyon sonrası endoskopik pankreatik sfinkterotomi ve stent ugulamaları POPF iyileşmesi açısından umut vericidir (76).

Sonuç

Pankreas cerrahisi oldukça zor ve kompleks bir operasyon olmasının yanında; operasyon sonrası dönemde sıkça karşılaşılan ve ciddi bir komplikasyon olan postoperatif pankreatik fistülün yönetimi de hassasiyet ve tecrübe gerektirmektedir. Tanının zamanında ve doğru olarak konulması, tedavinin erken dönemde başlaması ve doğru tedavi biçiminin uygulanması hasta için hayati önem arz eder. Pankreas cerrahları tarafından güncel tedavi yöntemlerinden faydalanılırken; tartışmalı ve ileride hastaya fayda sağlama olasılığı olabilecek konularda yeni çalışmalara ihtiyaç duyulmaktadır.

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