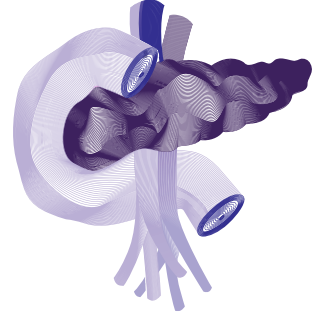


Bölüm 39

Pankreas Cerrahisinde İntraoperatif Patolojik İncelemenin Yeri



Berna ERİTEN¹

Giriş

Pankreas kanseri (PK), kadın ve erkeklerde kanserden ölümlerin en yaygın dördüncü nedenidir (1, 2). Cerrahi tedavi şu anda pankreas adenokarsinomu için tek potansiyel monomodal tedaviyi sunmaktadır (3). Fakat, sadece birkaç hastada rezeksiyona uygun tümörler mevcuttur ve lokalize kanserlerin rezeksiyonundan sonra bile uzun süreli hayatta kalma nadirdir. Pankreas adenokarsinomlu hastaların sadece %10-20'sinde potansiyel olarak rezeke edilebilir tümörler, %40'ında lokal olarak ilerlemiş rezeke edilemeyen tümörler ve %40'ında metastatik tümör vardır. Pankreas adenokarsinomunun 5 yıllık hayatta kalma oranı sadece %4'tür (2). Cerrahi tedavideki ilerlemeye, rezeksiyon oranlarının artmasına ve tedaviye bağlı morbidite ve mortalitede azalmaya neden olmasına rağmen, rezeksiyon uzun süreli sağkalımı iyileştirmede başarısız olmuştur (3). Histolojik değerlendirmeye göre, R0 rezeksiyonu uygulanan hastaların en fazla %15'i pN0 durumuna sahiptir, %50'den fazlası lenfanjioz karsinomatozadan muzdariptir ve %50'den fazlasında ekstrapankreatik sinir pleksus infiltrasyonu vardır (4, 5). PK tedavisinde cerrahiye ek olarak kemoterapi veya kemoradyoterapi kullanan kombine modalite tedavi yöntemleri temel dayanak noktasıdır (4-8).

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PKÇ'nin aksine, cerrahın PK değerlendirmesi, pankreas manipülasyonu sırasında toplanan görsel ve taktik bilgilere dayanarak, bezin mobilizasyonundan ve transeksiyonundan pankreatik-enterik rekonstrüksiyon sırasında kalanın mobilizasyonuna ve dikişlerin yerleştirilmesine kadar subjektifti. Anastomoz tamamlanmadan önce PK derecesi açıklandı. Çok sert konsistans için PK derecesi 1 (ağır kronik pankreatitli hastalarda olduğu gibi), sert için PK 2 (fibrotik veya atrofik tıkanık pankreas bezi), yumuşak için PK 3 (etkilenmemiş kompakt pankreas bezi) veya çok yumuşak konsistans için PK 4 (etkilenmemiş yağlı pankreas) olarak belirlenmiştir (Tablo 1) (21,47,48).

Sonuç

Özetle, mevcut veriler, İORT'nin PK tedavisine ve standart neoadjuvan veya destekleyici tedavilere, rezektabl pankreas kanserli hastalar için lokal kontrolü iyileştirme sayesinde güvenli bir katkı sağladığını göstermektedir. Rezeke edilemeyen PK olan bir dizi hasta, çoğu hastanın ağrı giderimi ve gelişmiş lokal kontrol yaşadığını göstermektedir. Seçilmiş çalışmalarda İORT'nin dahil edilmesi sağkalımı iyileştirdi. Yeni kemoterapi uygulamalarıyla elde edilen iyileştirilmiş sonuçlar, lokal tümör ilerlemesi olan hastalarda önemli morbidite ve mortaliteye neden olduğundan, lokalize radyoterapinin etkisine yönelik ilgiyi artırmıştır. İntrooperatif radyasyon tedavisi (İORT) teknikleri, etkili radyasyon dozunun artırılmasına ve lokal tümör kontrolünün geliştirilmesine izin verir. Bununla birlikte, şu anda hiçbir faz III verisi, PK'inin yönetiminde İORT'nin rolünü açıkça tanımlamamaktadır.

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