Bölüm
5

GASTROİNTESTİNAL SİSTEM SARKOMLARININ CERRAHİ TEDAVİSİ

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GİRİŞ

Sarkomlar,mezenkimden köken alan malign tümörlerdir. Gastrointestinal sistemin malign mezenkimal tümörleri iki kategoriye ayrılır:

1. Gastrointestinal sistemde ortaya çıkan tüm sarkomların % 85' ini oluşturan Gastrointestinal stromal tümörler (GIST).
2. Non-GIST gastrointestinal sarkomlar olarak adlandırılan; leiomyosarkom, fibrosarkom, liposarkom, kaposi sarkomu, schwannom, anjiyosarkom gibi yumuşak doku sarkomlarıdır.

Gastrointestinal stromal tümörler (GIST) en yaygın görülen intraperitoneal sarkomlardır (1,2). En sık mide ve proksimal ince bağırsakta bulunmakla birlikte gastrointestinal sistemin herhangi bir yerinden kaynaklanabilir ve daha az sıklıkla omentum, mezenter ve peritondan köken alabilirler (3-5).

Non-GİST sarkomlar daha az sıklıkla karşımıza çıkmaktadır. Bunlar arasında leiomiyosarkom gastrointestinal sistemde en sık görülen non-GİST yumuşak doku sarkomudur (6).

Cerrahi Yaklaşım

Gastrointestinal (GI) sistem yerleşimli GIST'lerin, ve leiomiyosarkomların yönetimi, preoperatif tanıya, tümörün yerleşim yerine, büyüklüğüne, yayılımın şekline ve klinik prezantasyonuna (obstruksiyon, perforasyon veya kontrol altına alınamayan kanama gibi) bağlıdır (7).

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Cerrahi için uygun zamanlama bilinmemektedir. Bazı yayınlarda 6-9 ay TKİ tedavisi sonrası tümör rezektabl hale gelince cerrahi yapılması gerektiği belirtilmektedir (66). Tümör yükünün bir yıl imatinib tedavisinden sonra bile azalmaya devam ettiği gösterilmiş olsa da, en iyi yanıt için ortanca zaman 3.5 aydır ve dokuz aydan sonra tümör hücrelerinde azalma çok yavaş olmaktadır (68).

Karaciğer, tekrarlayan GIST hastalarının %67'sinde rekürrens bölgesidir (69). GIST'in karaciğer metastazı sonrası 5 yıllık sağkalım oranı %27-34 arsında değişmektedir (70). İzole karaciğer metastazı olanlarda hepatik rezeksiyon ve imatinib tedavisinin kombine edilmesi hastalığın uzun dönemde kontrol altına alınmasına fırsat verir (70,71).

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