Bölüm
7

İNTRAABDOMİNAL/ RETROPERİTONEAL YUMUŞAK DOKU SARKOMLARINDA RADYOTERAPİ

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GİRİŞ

Yumuşak doku sarkomları hemen hemen her anatomik bölgede ortaya çıkabilen, nadir görülen malign tümörlerin heterojen bir grubudur (1). Retroperitoneal yerleşim, tüm yumuşak doku sarkomlarının yaklaşık % 10-15'ini temsil eder (2,3). Çeşitli yaş gurubunda görülebilen retroperitoneal yumuşak doku sarkomlarının çoğunda hastalar 50'li yaşlarındadır. Erkek kadın oranı eşittir.

Anatomik yerleşimi nedeniyle retroperitoneal yumuşak doku sarkomlarının klinik semptomları genellikle nonspesifiktir ve tanı anında büyük bir tümör boyutu ile karakterize edilir. Genellikle 15-18 cm büyüklüğünde ağrısız, aşamalı olarak genişleyen bir kitle tanıdaki en yaygın bulgulardandır (4). Retroperiton, çoklu yaşamsal yapılara sahip anatomik alanı temsil eder ve bu nedenle retroperitoneal yumuşak doku sarkomu, çeşitli terapötik zorluklarla ilişkilidir (5). Özellikle hayati yapılarla yakınlık, geniş rezeksiyon ile negatif cerrahi sınırları sağlayabilme olasılığını önemli ölçüde azaltabilir. Retroperitoneal boşluk sınırları şunlardır:

Üstte: Diafram, Altta: Pelvik diafram

Lateralde: Quadratus lumborum kasının lateral kenarı (Ancak 12. kaburga lateral kenarı da, transvers abdominis aponeurosisi orijinine tekabül ettiği için lateral sınır için göz önünde bulundurulur.)

Önde: Kolon ve ince barsaklara bağlanan paryetal periton

Arkada: Karında psoas ve quadratus lumborumdan oluşan kas duvarı, pelviste iliakus, obturator internus ve piriformis kasları.

Hangi organlar bu boşlukta bulunmaktadır? Pankreas, böbrekler, surrenaller, üreterler.

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