

Bölüm 15

RETROPERİTONEAL SARKOM CERRAHİSİ

Mutlu DEĞER¹, Volkan İZOL²

GİRİŞ

Retroperiton, anteriorda posterior paryetal periton, posteriorda transvers kasın fasyası, süperiora diyafram ve inferiorda pelvisin ekstraperitoneal kısmından oluşan bir boşluktur. Anterior pararenal, posterior pararenal, perirenal ve büyük damarlar olmak üzere 4 bölüme ayrılır. Anterior pararenal alan anteriorda posterior periton, posteriorda ise anterior renal fasya ya da gerota arasında kalan kısımdır. Bu kısım pankreatikoduodoneal ve perikolonik boşluğu oluşturur. Posterior pararenal alan posterior renal fasya ile transvers kasın arasındaki alandır ve anterior ile posterior renal fasya arasındaki kısım perirenal alanı oluşturur. Büyük damarlar alanı vertebra korpuslarının ve psoas önünde orta hatta yer alır. Anterior ve posterior pararenal alanlar böbrek seviyesinin altından birleşerek aşağıda perivezikal alan ve pelvisin ekstraperitoneal kompartmanları ile bağlantı kurarlar (1). Pelvik ekstraperitoneal alan birbirileriyle ilişkili 3 ana boşluğa ayrılır. Anteriorda göbek altı karın duvarı ve posteriorda umbilikovezikal fasya arasında kalan (Retzius), pelvik peritoneal refleksiyonun altında kalan ve mesane ile kadınlarda uterusun yer aldığı perivezikal alan ve rektum ve periferik presakral alanı içeren perirektal olarak sayılabilir (2,3).

Retroperitoneal sarkomlar (RPS) oldukça nadir görülen tümörler olup tüm yumuşak doku sarkomlarının %15'ini oluşturmakta ve Amerikan Kanser Enstitüsü verilerine göre 100.000'de 2.7 oranında görülmektedir (4,5). Retroperitoneal bölge alt ekstremiteden sonra malign mezenkimal tümörlerin en sık görüldüğü ikinci yerdir (6). Mezodermal kökenli olan sarkomlar retroperitoneal tümörlerin üçte biri oluşturur ve en sık görülen sarkom çeşitleri sırasıyla liposarkom, malign fibröz histiyositom ve leiomyosarkomdur (1) (Tablo1). Bu tümörler retroperitoneal kaynaklıdır ve genelde bu tümörler büyük boyutlara ulaştıktan sonra ortalama

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