Bölüm
11

KARACİĞER PRİMER KANSERLERİ

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HEPATOSELLÜLER KARSİNOM

Hepatoselüler karsinom (HCC) dünya genelinde en sık görülen 6. Kanserdir. Globacana göre kadınlarda 6 . Erkeklerde ise 2. En sık kanserden ölüm sebebidir. (1) Erkeklerde kadınlardan 3 kat fazla görülür. Dünya genelinde kanserden dolayı 3. veya 4. ensık ölüm sebebi olduğu tahmin edilmekle birlikte mortalite ile ilişkili sonucu göreceli olarak yüksektir (2-4).

5 yıllık yaşam süresi %16 ‘dan daha azdır. Ancak erken evrede tespit edildiğinde 5 yıllık yaşam süresi %93 kadar yüksek olabilir (5,6). HCC primer karaciğer kanserlerinin %85-90 ‘ni oluşturur. Hastaların %80’den fazlasında karaciğer sirozu ile ilişkilidir (7,8). Viral hepatitler baskın olarak hepatit B ve C, HCC vakalarının % 50 den fazlasından sorumlu olduğu biliniyor (4). Dünyanın değişik bölgelerinde çevresel ve oral yolla alınan toksinler HCC nin artan insidansında değişik roller gösterdi. Alkol HCC gelişiminde kanıtlanmış doz etki ilişkisine sahiptir (9). Herediter hemokromatosiz,obesite, safra taşı hastalığı, tip2 diyabetüs mellitus,alfa-1 antitripsin eksikliği, akut intermitant porfiri ve nonalkolik yağlı karaciğer hastalığını içeren genetik ve metabolik durumlar HCC riskine etkisini gösterdi (10-16). Bazı Çin ve Japon populasyonunda viral hepatit tedavi ve aşılama programlarından dolayı HCC insidansının azalmasına rağmen, ABD’de oranı artmaktadır. Gerçekte ortalama tanı yaşındaki düşmeyle birlikte, HCC ABD’de kanserle ilişkili ölüm sebebinde hızlı şekilde yükseliştedir. Hiçbir etiyolojisi olmayan kronik karaciğer hastalığı,bu populasyonda görülen yeni HCC vakalarının %80-90 ‘ni için en önemli risk faktörü olarak kalmaktadır (17-19). Aslında kronik hepatit B virüs enfeksiyonunun endemik olduğu, Asya ve subsaharan afrikadaki insidansının çok yüksek olması yanında son zamanlarda Hepatit C virüsüde HCC sebebibine öncülük etti fakat şimdi nonalkolik yağlı karaciğer hastalığı (NAFLD) , özellikle batı ülkelerinde HCC ‘nin en büyük risk faktörü olarak ortaya çıkıyor (20-22).ABD ‘inde son zamanlarda NAFLD HCC nin %36,6 sının sebebini oluşturmaktadır ve bu oranın 2030’a kadar %40-50 ‘ye kadar yükseleceği beklenmektedir (21).

Tanı: Hepatoselluler karsinomun tanısal çalışmalarında büyük ilerlemeler başarılmasına rağmen,yeni tanı alan hastaların 1/3 ‘ü küratif tedaviye uygundur (23). Küratif planlamalarda bile erken evre HCC için rezeksiyonda sonra 5 yıllık yaşam süresi oranları %17-53 aralığındadır. rekkürens oranlarıda %70 kadar yüksek olabilir (24,25). HCC için bütün risk faktörleri ,fibrosiz ve siroza yol açan sürekli inflamasyon ve fibrogenesize ve nihayetinde HCC gelişimine önayak olan prenoeplastik duruma katkıda bulunurlar. Özellikle kronik karaciğer hastalarının çoğunda karaciğer sirozu gelişecektir. Bu ölümcül hastalık için serum ve doku markerları erken ve en iyi tedavi stratejileri ve erken tanıya yol gösterir (26-28)

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