Bölüm
33

KRONİK PANKREATİT TEDAVİSİNDE CERRAHİ SEÇENEKLER

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GİRİŞ

Cerrahi tedavi kronik pankreatit (KP) ağrı palyasyonu için son çare olarak düşünülse de, ilerlemiş KP olgularında medikal ve endoskopik tedaviler sıklıkla semptomların hafiflemesinde yetersiz kalır. Tüm KP hastaların%50'ye yakın kısmı hastalıkları sırasında özellikle ağrı palyasyonu için cerrahi müdahale gerektirecektir. (1)

Kronik pankreatit tedavisine yönelik operasyonel yaklaşımlar, KP patofizyolojik gelişiminin iyi anlaşılması ile ilerleme kaydetmiştir. Uygun hasta seçimi ise cerrahinin kronik pankreatit tedavisinde faydasının artmasına katkıda bulunmuştur. (2)

Bu bölümde, güncel algoritmalar ve klavuzlar eşliğinde KP de cerrahi tedavinin ne zaman, nasıl ve hangi amaçla yapılacağına ışık tutmayı amaçlamaktayız.

NE ZAMAN CERRAHİ DÜŞÜNELİM?

Cerrahi endikasyonlar hakkındaki fikir birliği şu şekilde ifade edilebilir (3,4):

- Karın ağrısının dayanılmaz hal aldığı durumlar
- Ciddi komplikasyonlar (safra kanalı tıkanıklıkları, portal ven trombozu ile birlikte olan portal hipertansiyon, nekrotik pankreas ve pankreas fistülü)
- Malignite şüphesi

ENDOSKOPİK TEDAVİ Mİ CERRAHİ TEDAVİ Mİ TERCİH EDİLMELİ?

Kronik pankreatit için cerrahi tedavinin amacı semptomları hafifletmek ve pankreatik parankimi mümkün olduğunca korumaktır. Ancak erken dönemde kronik pankreatitin destekleyici tedavisi egzokrin fonksiyonları düzeltmek için önemlidir. Endokrin yetmezliği ise besin takviyesi ile sağlanır. Hastalar bu başlangıçtaki destekleyici önlemlerin ötesinde ek tedaviye ihtiyaç duyduğunda, genellikle endoskopik tedavi için gastroenterologlara yönlendirilirler. Tipik olarak, proksimal pankreas kanalı darlığı olmayan ve enflamatuvar kitlesi olmayan veya pankreas psödokistleri olan hastalar ilk önce endoskopik tedavi için başarısız olabilirler ve sadece endoskopik tedavi başarısız olursa cerrahi değerlendirme için aday olabilirler. Bir yıldan sonra semptomların ve duktal tıkanmanın tedavisinde endoskopik girişimler başarısız olmuşsa veya lokal komplikasyonlar gelişirse, beslenme veya metabolik bozuklukların ortaya çıkmasından önce cerrahi müdahale düşünülmelidir. Duktal tıkanmadan kaynaklı pankreas parankim kaybı ilerleyici ve geri dönüşümsüzdür. Ayrıca inatçı pankreas ağrısı zamanla narkotik bağımlılığa neden olabilir. Bu nedenle, pankreas cerrahının hastanın takibinde erken dönemden itibaren bulunması arzu edilir. Kronik pankreatit için ameliyatın başarısı, hastaların takipleri esnasında uygun zamanı tespit etmeye dayanır. (5)

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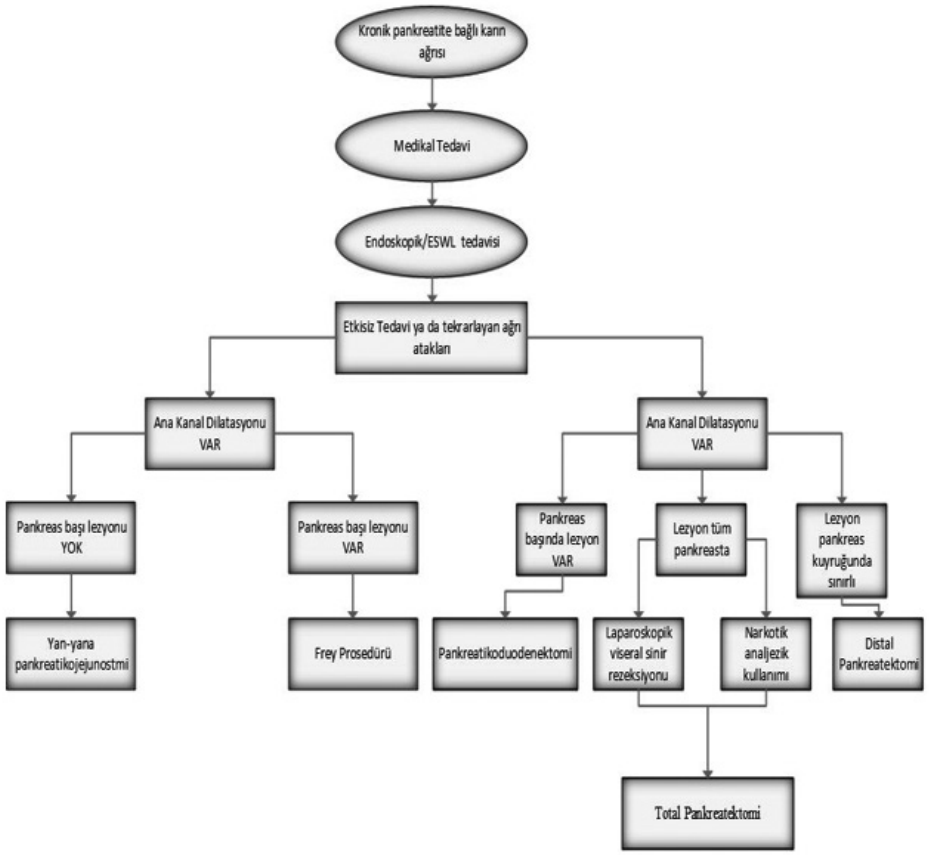
Japonların Kronik Pankreatitte Cerrahi Tedavi Algoritması (64), (Resim 18):



Resim 18. Japon kronik pankreatit cerrahi tedavi algoritması.

Sonuç

Cerrahi tedavi mi endoskopik tedavi mi öncelikli tercih edilmeli ya da hangi tip cerrahi uygulanacağı kronik pankreatitli hastalarda bireysel karar yerine multidisipliner bir ekip tarafından verilmelidir.

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