Bölüm
34

PANKREAS NEOPLAZİLERİ

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GİRİŞ

Pankreas ilk iki lumber vertebra hizasında yerleşmiş retroperitoneal bir organdır. Anatomik olarak; baş, boyun, gövde ve kuyruk olmak üzere dört kısıma ayrılır. Pankreasın primer maligniteleri, köken aldığı hücresel orijine göre endokrin ve ekzokrin olarak iki başlıkta incelenir, ek olarak nadir görülmekle beraber pankreasa metastaz da izlenebilir (1). Pankreasın endokrin neoplazileri, oldukça heterojen histopatoloji ve prognoza sahiptir. Pankreasın ekzokrin neoplazileri ise agresif ve ölümcül malignitelerdir ve son 4 dekattır tedavi yöntemlerindeki gelişmelere rağmen prognozunda belirgin düzelme görülmemiştir. Pankreasın ekzokrin ve endokrin neoplazileri ayrı başlıklar altında incelenecektir (2).

PANKREASIN ENDOKRİN NEOPLAZİLERİ

Pankreasın endokrin neoplazileri (PEN), oldukça heterojen biyoloji klinik gidiş ve prognoza sahip nadir görülen malignitelerdir ve tüm pankreas malignitelerinin %3'ünü oluşturmaktadır (3). İnsidansı 0.2/100.000'dir ve tipik görünümü iyi sınırlı hipervasküler lezyonlar şeklindedir (2). Sıklıkla 4. veya 5. dekatta tanı konulur ve ekzokrin neoplazmların tersine kadınlarda daha sıktır. Multiple endokrin neoplazi (MEN)-1, von Recklinghausen, von Hippel Lindau ve Tüberoskleroz gibi ailesel hastalıklarla ilişkili olabilir ancak vakaların %90'ı sporadiktir. Hormon salgılama özelliği ve klinik bulgularına göre fonksiyonel (gastrinoma, insülinoma, VIPoma, glukagonoma, somatostatinoma vb.) ve non-fonksiyonel olmak üzere ikiye ayrılmaktadır (3). WHO 2017 sınıflandırılmasında ise histopatolojisi, ki-67 indeksi, mitotik indeksi, ve biyolojik özelliklerine göre 'iyi diferansiye endokrin tümör' veya 'kötü diferansiye endokrin karsinom' olmak üzere iki ana başlığa ayrılmıştır. İyi diferansiye tümörler ise grad 1, 2 ve 3 olmak üzere üç gruptur. WHO 2017'i temel alan güncel sınıflandırma Tablo 1'de özetlenmiştir (4).

Fonksiyone tümörlerde klinik bulgular, salgılanan hormona göre değişiklik gösterir, non-fonksiyone tümörlerde ise semptomlar kitle-bası bulguları ile ilişkilidir. Vakaların yaklaşık yarısını fonksiyone tümörler oluşturur ve bunların da yaklaşık %50'si insülinoma ve gastrinomalardır. İnsülinomaların %90'ı benign olmasına rağmen fonksiyonel tümörlerin bir kısmında veya non-fonksiyone tümörlerde malign transformasyon izlenebilir. Ancak ileri evre malign PEN'lerde dahil olmak üzere PEN'lerde prognoz, ekzokrin pankreas malignitelerinden daha iyidir, metastatik hastalıkta bile 5 yıllık Genel Sağkalım (GS) %50 civarındadır (2,3,4,5).

Endokrin tümörlerde salgılanan hormona göre endokrin tedaviler ve/veya cerrahi ter-

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vardır (82,84).

PANKREASIN KİSTİK LEZYONLARI VE SINIFLANDIRMASI

Pankreasın kistik neoplazileri (PKN) genel popülasyonda %2-45 oranında görülmektedir. Biyolojik davranış açısıdan heterojendir (85). En sık karşılaşılan kistik neoplazmlar; seröz kistadenom, müsinöz kistik neoplazi, intraduktal papiller müsinöz neoplazi, solid psödopapiller neopilazi ve kistik pankreatik endokrin neoplazilerdir (86). Güncel sınıflandırma tablo 3'de verilmiştir. BT ve MR ile yeterince bilgi sağlanamazsa E-USG ile değerlendirme yapılabilir. Ayrıca FNA ile sitolojik değerlendirme imkanı olmaktadır. Uygun tedavi şeması multidispliner yaklaşımla hasta özelinde belirlenmelidir (85,86).

Sonuç

Gelişen cerrahi, RT ve sistemik tedavilere rağmen PK'nin sağkalımında beklenen artış sağlanamamıştır. Yeni yaklaşımlar gerekliliği açıktır. Bu amaçla, tanısal tetkikler ve klinisyen dikkati ile erken evrede tanı şansını artırmak önemlidir. Diğer yandan hedefe yönelik ajanlar ve immunolojik tedaviler ile optimal tedavi yaklaşımında yakın tarihte önemli değişiklikler beklenmektedir.

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