

Bölüm 18

KOLOREKTAL KANSER ORİJİNLİ PERİTON KANSERLERİ SİTOREDÜKTİF CERRAHİ PERİOPERATİF İNTRAPERİTONEAL KEMOTERAPİ (CRS+HİPEC)

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Birçok gelişmiş ülkede kolorektal kanserler kanser ölümlerinde önemli bir neden olmaktadır. Metastatik kolorektal kanserlerde yapılan tedaviler palyatif olmakta, sürvi bir yıldan az görülmektedir. Son on yılda bu hastalığın cerrahi ve onkolojik tedavisinde önemli gelişmeler olup ortalama yaşam oranının 20 ayın üzerine çıktığı görülmektedir⁽⁵⁾. Agresif tedavi stratejisi peritoneal yüzey kanserlerinde uzun süreli sürvi elde edilmesi ile sonuçlanmaktadır. ⁽¹⁾ Appendiks kanserleri peritoneal metastazların başarılı tedavisinde bir örnek oluşturmaktadır. ^(1,7)

Rezekable hastalıkla birlikte, karaciğer(Kc), akciğer(Ac) ve periton metastazları olan hastalarda yapılan agresif tedaviler sonucu metastatik kolon kanserli olgularda sürviyi uzatmaktadır. Kolorektal kanserli ve periton metastazlı hastalarda sitoredüktif cerrahi (CRS) ve hipertermik intraperitoneal kimyasal tedavi (HİPEC) önemli bir tedavi seçimidir. Bu tedavi ile sürvi sistemik tedavi ve palyatif tedavideki 12,6 aylık sürviye karşı 22,3 ay olmaktadır⁽⁵⁾. Bu yaşam oranı peritoneal karsinomatozisin yaygınlığı ve sitoredüksiyon, rezidüel tümör volümüne göre birlikte değerlendirilir. ^(1,4,8)

Karaciğer metastazları vena porta yoluyla oluşur. Kc, metastatik kolorektal kanserlerde hastalığın esas bölgesi olup %50 – 75 oranında görülmektedir.^(1,4,8,14) Kc metastazları Kc rezeksiyonu veya ablasyonla tedavi edilirse yaşam oranı uzamaktadır. HİPEC mantığı, malign hücrelere karşı hiperterminin sitotoksik direkt etkisi, anti kanser ilaçların etkisinin artırılması ve KT’de intraperitoneal yöntemin farmakokinetik esasına dayanır. ^(5,11,12)

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43. Makalede kullanılan şekil 1-2-3-4-5-6-7-8 numaralı görseller için Prof.Dr.PH Sugarbaker'dan izin alınmıştır.