

Bölüm 4

KARACİĞER TÜMÖRLERİNDE ABLASYON TEDAVİLERİ

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Karaciğer tümörlerinin sınıflaması, farklı bakış açılarına göre 1) benign veya malign, 2) primer veya metastatik, 3) epitelyal veya mezenkimal, 4) karaciğer hücreleri veya safra yolları kaynaklı, 5) sık veya nadir olarak yapılabılır (Hamperl, 1970). Primer tümörlerin metastatik tümörlere oranı 1/20 kadardır. Primer tümörlerin %70'ten fazlasını hepatosellüler karsinom (HSK), %14'ünü kolanjiokarsinom ve geri kalanını mezenkimal tümörler oluşturur. Metastatik tümörler içerisinde en sık görülen primer malignite yerleri kolon, akciğer, pankreas, meme ve mide kanserleridir. Karaciğer zengin kanlanan bir organ olup metastatik yayılım portal venöz sistemle, hepatic arteriyel sistemle, lenfatik sistemle ve çevre organlardan direkt yayılım şeklinde olur (Ackerman, Lien, Kondi, & Silverman, 1969). Kolorektal kanserli hastaların, hastalık seyri boyunca yaklaşık %50'sinde karaciğer metastazı gelişir ve bu hastaların %20'sinde ölüm karaciğer metastazı nedeniyledir (Zhou et al., 2017). Karaciğer metastazlarına müdahale edilmemiş 480 vakalık bir seride ortalama sağkalım oranı 1 yıl için %31,2; 2 yıl için %7,9; 3 yıl için %2,6 ve 4 yıl için %0,9 olarak bildirilmiştir (Stangl, Altendorf-Hofmann, Charnley, & Scheele, 1994).

HSK, tüm dünyadaki kanserler içerisinde beşinci sırada yer almaktadır. HSK'nin risk faktörleri arasında viral nedenler (kronik hepatit B ve hepatit C), alkol ve aflatoksin gibi toksik maddeler, diyabet, yağlı karaciğer hastalığı ve hemokromatozis gibi metabolik durumlar ile primer biliyer siroz ve otoimmün hepatit gibi immünite ile ilişkili durumlar vardır (Pompili, Francica, Ponziani, Iezzi, & Avolio, 2013).

Hepatic metastatik hastalıkta cerrahi rezeksiyon; adjuvan bölgesel veya

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