Bölüm 7

PERİTONEAL YÜZEY KANSERLERİNDE SİTOREDÜKTİF CERRAHİ VE HİPERTERMİK İNTRAPERİTONEAL KEMOTERAPİ

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GİRİŞ

Peritoneal karsinomatozis (PC), peritondan veya diğer intraabdominal organlardan kaynaklanan tümörlerin abdominal peritona yayılmasıyla oluşan tablo olarak tanımlanır. Tüm orjinler dikkate alındığında yılda yaklaşık olarak 1,5 milyon yeni PC olgusu saptanmakta ve yaklaşık olarak kolorektal kanserlerin (apendiks tümörleri dahil) %15 'inden fazlasında, mide kanserlerinin %40 'ında, pankreas kanserlerinin %25 'inde ve epitelyal over-tuba kanserlerinin %60 'ında görülmektedir (1). Burada tümör hücrelerinin peritoneal sıvı içinde serbestçe dolaşması ve başka intraabdominal implantasyonlar yapması söz konusudur. Kendi doğal seyrinde PC, prognozu haftalarla aylar arasında değişen ve kötü hayat kalitesine yol açan son dönem hastalık olarak bilinir. Karın ağrısı, kusma, iştahsızlık, kilo kaybı, kaşeksi, gastrointestinal tıkanıklıklar ve fistüller ile seyreden bir hastalıktır. Malign barsak obstrüksiyonu da en sık ölüm sebebidir (1). Geleneksel tıbbi yaklaşımda palyatif tedavi seçenekleri dışında bir yaklaşım düşünülmez ve cerrahinin buradaki yeri, aciliyet yaratan bazı durumlar ve semptomların palyasyonudur.

1980 de Fernandez ve ark. (2) psödomiksoma peritonei hastalarında sitoredüktif cerrahinin önemini vurgulamışlar ve aynı yıl Spratt ve ark. (3) psödomiksoma peritonei hastalarında geniş sitoredüktif cerrahi ve intraperitoneal kemoterapiyi rapor etmiş, ardından Sugarbaker (4) geniş seriler ile çeşitli peritoneal malignitelerde bu yöntemi uygulamaya başlamış ve geliştirmiştir. Sugarbaker, bu hastalığın metastatik hastalıktan öte, lokorejyonel bir hastalık olduğunu ve küratif amaçlı yaklaşılabileceğini vurgulamıştır. PC 'in sadece palyatif yaklaşımla ortalama sağkalımı 6 ay civarındadır (5). Palyatif sistemik kemoterapinin eklenmesiyle ortalama 12 ay civarına ve gelişmiş kemoterapi ve hedefe yönelik

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kemoterapi uygulamasına katılan sağlık personelinin olası risklerin ve ilişkili zararlı durumların farkında olmaları ve bu konuda tedbirli olmalarına ihtiyaç vardır. Bu nedenle uygun ve kapsamlı bir eğitim programı ilişkili bütün personele verilmelidir. Eğitim programı cerrahi tekniği, IP kemoterapi perfüzyonunu, sitotoksik ajanları, hiperterminin hasta ve ilaçlar üzerindeki etkilerini, endikasyonları, uygulamanın rasyonelini ve işlemin sonuçları hakkında temel ve anlaşılır bilgiyi içermelidir. SRC + HİPEK uygulamasında kullanılan sitotoksik ajanların tedavi edici dozlardaki toksik etkileri bilinmesine rağmen, uzun vadede etkileri konusunda çok az şey bilinmektedir. Bu nedenle işlem için tasarlanan uygulama kuralları katı bir şekilde uygulanmalıdır. SRC + HİPEK uygulamaları oldukça uzun süren, elektrokoter kullanımı gerektiren işlemlerdir. Ayrıca kemoterapötik ajan maruziyeti dışında, özellikle cerrahi ekip, tümör mikroimplantlarının elektrovoparizasyonu sonucunda bunların inhalasyonuna maruz kalmaktadır. İşlemin 8-10 saat gibi uzun süreler sürmesi de kümülatif bir maaruziyet yaratmaktadır. Bu durumun uzun vadede yol açabileceği sonuçlar konusunda bilgi mevcut değildir (69).

SRC + HİPEK işlemi bir öğrenme eğrisi gerektirir. Öğrenme eğrisini karmaşıklaştıran şey, literatürde çok farklı uygulamaların varoluşu ve henüz pekçok konuda bir konsensus oluşmamış olmasıdır. Mohamed ve ark. (70) 100 ardışık vakanın üç gruba ayırarak incelediklerinde, grup 1 ile deneyimin arttığı grup 3 arasında majör morbidite (%27vs%0) ve mortalitede (%18vs%3) anlamlı düşüş saptamışlardır. Benzer şekilde Yan ve ark. (71) 140 ardışık vakayı iki gruba böldüklerinde, denyimin artmasıyla ciddi morbiditede (%30vs%10), transfüzyon gereksiniminde, ameliyat süresinde ve yoğun bakım kalış süresinde anlamlı düşüş saptamışlardır. Bu öğrenme eğrisi sadece cerrahların, tıbbi onkologların ve diğer ekip doktorlarının değil, tüm sağlık çalışanlarının ve hatta kurumu da içerir. Bütün bu bileşenlerin öğrenme eğrisini tamamlaması ve kurumsal hafızanın oluşması zaman gerektirir. Burada sadece işlemin öncesi hazırlıkları, gerçekleştirilme aşamaları, sonraki takip ve komplike durumlarla başedebilme aşamaları değil, aynı zamanda doğru hasta seçimi ve hastalarda bireyselleştirilmiş yaklaşımları da içerir.

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