Bölüm 24

GASTROİNTESTİNAL STROMAL TÜMÖRLER

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GİRİŞ

Gastrointestinal stromal tümörler (GİST) gastrointestinal sistemin en sık görülen mezenkimal neoplazmıdır. Tüm gastrointestinal kanal tümörlerinin %1-2'sini oluştururken; yumuşak doku sarkomlarının %20-25'inden sorumludurlar (Menge & ark., 2018).

Gastrointestinal traktın herhangi bir yerinde ortaya çıkabilmekle birlikte en sık yerleşim yeri mide (%60) ve ince barsaklardır (%30). Duodenum (%4-5) ve rektum (%4) daha nadir görülen yerleşim bölgeleriyken; özofagus, kolon ve apendiks kaynaklı GİST küçük vaka serileri halinde bilidirilmiştir (Miettinen & Lasota, 2006).

Bazı hastalar karın ağrısı, erken doyma, bulantı, anemiye bağlı halsizlik gibi semptomlarla prezente olurken, bazı hastalar da perforasyona ya da obstruksiyona bağlı akut karın tablosu ile hastaneye başvurabilmektedirler (Demetri & ark., 2010).

BİYOPSİ VE PATOLOJİK DEĞERLENDİRME

GİST yumuşak ve frajil bir dokuya sahiptir. Tümör hemorajisi ve intraabdominal yayılım riskinden dolayı perkutan biyopsi önerilmemektedir. Endoskopik ultrasound (EUS) aracılı ince iğne ^{63}aspirasyon biyopsisi (İİAB) günümüzde tanı için kabul gören tekniktir. Metastatik hastalıkta ise perkutan biyopsi tercih edilebilmektedir (Sepe & ark., 2009).

GİST tanısını doğrulamak için morfolojik tanı gereklidir. Ayırıcı tanıda gastrointestinal kanal ve batın içi yerleşimli sarkomlar yer almaktadır. GİST'lerin %95'inde KIT ekspresyonu (CD117) mevcuttur. Bununla birlikte DOG1 ve/veya CD34 pozitifliği de tanıda yardımcı immünhistokimyasal belirteçlerdir (Fletcher & ark., 2002).

GİST tanılı bir patoloji raporu; anatomik lokalizasyonu, tümör boyutunu ve proliferasyonun en yoğun olduğu bölgede 50 büyük büyütme alanında (BBA) bakılan mitoz oranını içermelidir (Miettinen & Lasota, 2006).

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