

# BÖLÜM 15

## ÖZEFAGOGASTRİK KANSERLERDE CERRAHİYE YARDIMCI NÜKLEER TIP YÖNTEMLERİ

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### GİRİŞ

Gastrointestinal sistem kanser (GİSK) cerrahisinde sentinel lenf nodu (SLN) görüntülemenin gelişmesi GİSK ameliyatlarında klinik uygulamada yeni bir bakış açmıştır (1). SLN biyopsisi lenf nodu durumunun minimal invaziv değerlendirilmesine izin veren bir tekniktir. Erken evre GİSK'de SLN görüntülemenin en önemli katkısı malign melanom ve meme kanserlerinde olduğu gibi minimal invaziv cerrahi tedaviye olanak sağlamasıdır. Ancak GİSK'de karmaşık lenfatik drenaj anatomisi ve farklı anatomik lokalizasyonlardaki nodal metastazlar uygulamada birçok zorluğa neden olmaktadır (2-5).

Soliter metastazların retrospektif incelenmesinde özefagus ve mide kanserlerinde skip metastaz oranları yüksek bulunmuştur (3, 4). Gerek anatomik lokalizasyonları nedeni ile işaretleme güçlüğü, gerekse yüksek skip metastaz oranları nedeni ile erken evre özefagus ve mide tümörlerinin cerrahisinde sentinel lenf nodunun işaretlenmesinden faydalanılarak histopatolojik evrelemenin yapılması cerrahi pratikte nadirdir. Özefagogastrik kanserlerde primer tümörün ne kadar çıkartılabildiği, metastatik lenf nodu alanları ve uzak metastazlar bu olgularda önemli prognostik faktörlerdir (5-7)

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