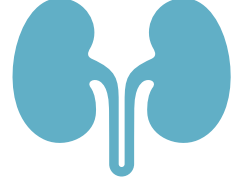


Bölüm 2a

Böbrek Kanserinde Radyofrekans Ablasyon



Ahmet ASFUROĞLU¹
Melih BALCI²
Altuğ TUNCEL³

GİRİŞ

Böbrek tümörleri, erişkin kanserlerinin %3-5'ini oluşturmaktadır ve görülme sıklığı olarak erkeklerde altıncı, kadınlarda ise dokuzuncu sırada yer almaktadır (1). Böbrek tümörü, her yıl teşhis edilen 400.000'den fazla yeni olgu ile dünya çapında insidansı artan önemli bir ürolojik hastalıktır (2). Klinik pratikte abdominal bölgenin radyolojik görüntülemesinin yaygın olarak kullanılması sonucunda, bu hastalık daha erken evrede (T1) rastlantısal olarak tespit edilmeye başlanmıştır (3). Bu evredeki hastalıkta, geçmiş dönemlerde geleneksel olarak radikal nefrektomi yaygın olarak uygulanmakta idi. Ancak, bu operasyon sonrasında uzun dönemde kronik böbrek hastalığı gelişme riski nedeni ile nefron koruyucu cerrahi olan parsiyel nefrektomi (PN), T1 evresindeki böbrek kanserlerinin tedavisinde ön plana çıkmıştır (3,4). PN'de uygulanan renal hilum diseksiyonu ve iskeminin bazı olumsuz etkileri, hastalardaki mevcut komorbiditeler nedeni ile cerrahi sırasında ya da sonrasında gelişebilecek potansiyel sorunlar, evre T1 böbrek tümörlerinin tedavisinde minimal invazif tedavi yöntemlerinin gündeme gelmesine neden olmuştur (5).

¹ Op. Dr., Etimesgut Devlet Hastanesi, Üroloji Kliniği, Ankara ahmetasfur@hotmail.com

² Doç. Dr., SBÜ Tıp Fakültesi, Üroloji AD., Ankara Şehir Hastanesi Üroloji Kliniği, Ankara drmelb@hotmail.com

³ Prof. Dr., SBÜ Tıp Fakültesi, Üroloji AD., Ankara Şehir Hastanesi Üroloji Kliniği, Ankara tuncelaltug@yahoo.com

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