

GEBELİKTE PANKREATİKOBİLİYER SİSTEM TÜMÖRLERİNE ÖZGÜ YAKLAŞIMLAR

38. BÖLÜM

Halil TAŞKAYNATAN¹

PANKREAS KANSERİ

Epidemiyoloji

Amerika Birleşik Devletleri'nde, yılda yaklaşık 57.600 hastaya pankreas kanseri teşhisi konur ve neredeyse tamamına yakınının hastalıktan ölmesi beklenir. Pankreas kanseri, Amerika Birleşik Devletleri'nde hem erkekler hem de kadınlar arasında kansere bağlı ölümler içerisindeki dördüncü en sık nedendir. Bu tümörlerin çoğu (yüzde 85) duktus epitelinden kaynaklanan adenokarsinomlardır (1). Dünya Sağlık Örgütü (WHO) GLOBOCAN veri tabanından ve 2017 Küresel Hastalık Yüklü Çalışmasından elde edilen verilere göre dünya çapında pankreas kanseri hem erkeklerde hem de kadınlarda kansere bağlı ölümlerde yedinci sırada gelmektedir. Hastalık 45 yaşından önce nadirdir, ancak daha sonra görülme sıklığı hızlı bir şekilde artar (2). Pankreas kanseri hamilelikte oldukça nadirdir ve pankreas kanseri hastalarının sadece % 3-4'ü üreme çağındaki kadınlardır (3). Büyük bir İsveç popülasyon çalışmasında, tüm endokrin bez kanserlerinin görülme oranı 500.000 canlı doğumda bir olup, pankreas kanseri ise daha nadirdir (4). Pankreas kanseri genellikle ileri evrede teşhis edilir ve 5 yıllık sağkalım %5'in altındadır (5). İngilizce literatürde "pankreas kanseri" ve "gebelik" anahtar kelimeleri ile kullanılarak yapılan araştırmada daha önce yayınlanmış sadece 24 gebelikte pankreas kanseri vakası karşımıza çıkmaktadır.

Risk Faktörleri

Pankreas kanserinin kesin nedenleri henüz ortaya çıkmamış olsa da bazı risk faktörleri tanımlanmıştır. Bunlar; ileri yaş (hastalık 45 yaşından önce nadirdir), erkek cinsiyet (erkek / kadın oranı 1.3: 1), Afro-Amerikan etnik köken, diyabet, obezite gibi komorbiditeler, kronik pankreatit ve sigaradır. Tüm pankreas kan-

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tanesinde kemoterapi kullanımına ait bilgi vardır. Metastatik kolanjiokarsinom tanısı konulan gebeye 2. trimesterde gemesitabin ve sisplatin başlanmış, kemoterapi iyi tolere edilmiş ve herhangi bir ciddi yan etki gözlenmemiştir. Kemoterapinin 9. haftasında fetüsta şüpheli büyüme geriliği olması üzerine kemoterapi sonlandırılmış ve takibe alınmıştır. 35 + 0 gebelik haftasında sezaryen yapılan kadar kanser tedavisi verilmemiş, bebekte herhangi bir konjenital malformasyona rastlanmamıştır (65). Gebelikte kolanjiokarsinomda gemesitabin sisplatin dışındaki ajanların kullanımına dair veri yoktur. Bu ajanların gebelikte kullanımına ait bilgiler diğer kanserlerden gelmektedir. Hem pankreas hem de hepatobiliyer kanserlerde benzer ajanlar kullanıldığı için bu ajanların gebelikte kullanımına dair bilgiler pankreas kanseri tedavisinde ayrıntılı olarak ele alınmıştır.

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