GEBELİKTE HEPATOSELLÜLER KANSER YÖNETİMİ

39. BÖLÜM

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GİRİŞ

Hepatosellüler kanser (HSK), dünya çapında en yaygın beşinci malignite ve kansere bağlı ölümlerin ikinci önde gelen nedenidir ve her yıl 600.000'den fazla ölüm bildirilmektedir (1). Hepatosellüler kanser (HSK) üreme çağındaki kadınlarda nadiren teşhis edilir. Başlıca risk faktörleri, hepatit B ve C enfeksiyonları, alkolik karaciğer hastalığı, obezite ve tip 2 diyabetle ilişkili non-alkolik yağlı karaciğer hastalığıdır (2).

Çoğu risk faktörü, HSK vakalarının %80-90›ında bulunan siroza ilerleme ile ilişkilidir. Siroz infertilite ile ilişkilidir; bu nedenle, HSK nadiren gebelikte teşhis edilir. Gebeliğin HSK üzerinde olumsuz bir etkiye sahip olduğunu ve gebelikle ilişkili yüksek östrojen düzeylerinin maligniteye dönüşümü hızlandırabileceği ileri sürülmektedir (3). 11.087 vakayı içeren 7 yıllık bir çalışmaya dayanan yaygın olarak alıntılanan insidans, 10.000 gebelikte 9,92 kanser vakasıdır (4). Karaciğer bozuklukları ile komplike olan gebelikler, potansiyel olarak değişen retinoid metabolizması gibi faktörlere bağlı olarak, olumsuz gebelik sonuçları ile ilişkilendirilmiştir (5). Portal Hipertansiyon gibi ilişkili koşullar, maternal ve fetal morbidite ve mortalite üzerinde önemli bir klinik etkiye sahip olabilir (6). Gebelikte Hepatosellüler kanser (HSK) insidansı nadirdir (7). Kadınlarda Hepatosellüler kanserin (HSK) dünya çapında yıllık insidansı 5,5 -8 /100,000 (8) olmasına rağmen, gebelik sırasında HSK o kadar nadirdir ki 50'den az vaka bildirilmiştir. Gebelik sırasında ortaya çıkan HSK'nın nadirliği, HSK'nın erkek üstünlüğü ve ileri sirozlu kadınlarda doğurganlığın azalmasından kaynaklanmaktadır (9). Gebelikte hepatik kitlelerin bazılarının hamilelik sırasında daha agresif davrandığı bilinmektedir. Özellikle, hamilelikle ilişkili karaciğer kitleleri, önemli bir tanısal ve terapötik zorluktur. Gebelikle ilişkili iyi huylu hepatik

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Özellikle kötü differansiye, oldukça invaziv olan ve portal merkezlere temas halinde olan HSK›da; yapılan RFA işlemi tarafından yayılma riski, göz önünde bulundurulmalıdır (82). RFA, hem gebe hastalar hem de fetüsleri için güvenlidir ve radikal cerrahi tamamlanana kadar ikinci trimesterde HSK'lı hastaların yönetimi için uygulanabilir bir seçim olabilir (15).

SONUÇ

Hepatosellüler kanserin hem tanısı hem de tedavisi gebelik nedeniyle zor olup multidisipliner yaklaşım gerektirmektedir. Gebelik sırasında; gebe olmayan hastalarda sık kullanılan hedefe yönelik tedaviler kontrendikedir. Anne ve fetal morbidite ve mortaliteye yol açabilmesi nedeniyle; doğru teşhiş ve tedavi kararı kritik önemdedir.

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