

GEBELİKTE GASTROİNTESTİNAL SİSTEM TÜMÖRLERİNDE CERRAHİ ZAMANLAMASI VE YÖNTEMLERİ

40. BÖLÜM

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GİRİŞ

Hamilelik sırasında gastrointestinal sistemde (GİS) görülen kanserler vakaları nadirdir. Günümüzde gebeliklerin genellikle 30-39 yaşlarında (bazen 40-49 yaş arasında) meydana gelmesi, gebelik ve kanser arasındaki artan sıklık ilişkisini açıklayabilir. Son 3-4 dekatta yapılan bazı çalışmaların 15-49 yaş arası kadınların doğurganlık dönemlerine özellikle ileri yaş gruplarının dahil edilmesiyle, kanser çeşitlerinde dramatik bir şekilde artış görülmüştür. Gebelikle ilişkili GİS maligniteleri, gebelik süresince veya doğum sonrası ilk yılda teşhis edilen kanserler olarak tanımlanmaktadır. Sindirim sisteminde en sık görülen maligniteler mide, kolon ve rektum gibi görünmektedir, ancak istisnai durumlarda özefagus ve anal kanal kanserleri de gelişebilir. Ayrıca, bu hastaların klinik değerlendirmesi zordur. Gebelikte her trimestrede görülebilen nonspesifik belirtiler ve fetüsü koruma düşüncesi invaziv eksplorasyon endikasyonunda (görüntüleme, endoskopik vb.) ve tanıda gecikmelere sebep olur. Bu nedenle GİS kanserleri gebelerde ileri aşamalarda, tıkanma, kanama, perforasyon veya kaşeksi gibi komplikasyonların görülmesiyle teşhis edilebilir. Gebe olmayan hastaya uygulanan tanı ve tedavi protokolleri hamilelikle farklıdır. Çoğu zaman jinekolog-onkocerrah-gastroenterolog-neonatolog ilişkisini içeren multidisipliner bir yaklaşım gerekir. Onkoloji konusunda uzmanlaşmış hekimler, hasta ve ailesi ile birlikte optimal tedavi planının doğru ve dengeli yaklaşımını tanımlar. GİS neoplazi insidans verileri, sanayileşmiş ülkelerde 1980'lerden bu yana hafif bir düşüş, zayıf gelişmiş ülkelerde ise yavaş ama istikrarlı bir büyüme göstermektedir. Bu düşüş esasen GİS kanserlerine yönelik gelişen tarama tekniklerine atfedilir.

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