

# 5. Bölüm

## MALİGN İNTESTİNAL OBSTRÜKSİYONLAR

Kazım Şenol<sup>1</sup>

### Tanım, İnsidans, Etyoloji ve Fizyopatoloji

Mide veya barsak içeriğinin gastrointestinal trakt içerisinde pasajının azalması veya ilerlemesinin durması intestinal obstrüksiyon ile sonuçlanmaktadır. Batın içi yerleşimli ileri evre bir tümöre veya batın dışı yerleşimli primer tümörün belirgin peritoneal tutulumuna bağlı Treitz ligamanının ilerisinde meydana gelen tıkanıklık ise malign intestinal obstrüksiyon olarak tanımlanmaktadır (1). Malign intestinal obstrüksiyonlar batın içi ve pelvik tümörlerin ilk bulgusu ya da kanser tedavisi gören bir hastada rekürren hastalığın bulgusu olarak karşımıza çıkabilmektedir. Hastalığın her evresinde gelişebilmekle birlikte over kaynaklı tümörlerin yaklaşık %5 ile %42'sinde, kolorektal kaynaklı tümörlerin yaklaşık %4,4 ile %24'ünde ve mide kanserinde, sıklıkla ileri evrelerde ortaya çıkmaktadır (2). Meme ve akciğer kanserleri, malign melanom diğer batın dışı etkenlerdir, ancak palyatif bakım hastalarındaki genel insidansı tanı kriterlerine ve altta yatan hastalığa bağlı olarak %3 ile %15'inde arasında değişmektedir. Bu hasta gruplarında bir kez malign obstrüksiyon saptanması ortanca sağkalım değerlerini 3 aya kadar düşürmektedir (3).

Malign intestinal obstrüksiyon ince barsaklarda kalın barsaklara nazaran iki kat daha sık izlenmektedir. Ancak ince barsağın primer tümörleri olan karsinoid tümör ve adenokarsinomda intestinal obstrüksiyon insidansı %3'ten azdır (4). Literatürde ince barsak ve kalın barsağın beraber tutulduğu durumlar hastaların yaklaşık olarak %20'sinde bildirilmiştir (5). Kanser hasalarında barsak lümeni tıkanıklığı sıklıkla yavaş gelişir ve parsiyeldir, tıkanıklık

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