

BÖLÜM

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KARACİĞER HASTALIKLARI

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Vaka 1: Kavernöz Hemanjiyom

Vaka 2: Fokal Nodüler Hiperplazi (FNH)

Vaka 3: Fokal Yağlanma

Vaka 4: Karaciğerde Demir Birikimi

Vaka 5: Hepatosellüler Karsinom (HCC)

Vaka 6: Kolanjiyosellüler Karsinom

Vaka 7: Kolon Kanseri Kalsifik Karaciğer Metastazları

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manjiyom, fibrolameller HCC ve kolanjiyokarsinom sayılabilir. Meme kanseri metastazı nedeniyle kemoterapi alan hastalarda karaciğerde siroz benzeri bulgular gelişebilir (43).

Önemli Noktalar

Metastazlar karaciğerin en sık malign lezyonları olup, primer malign karaciğer tümörlerinden daha sık izlenirler (44). USG'de spesifik bulgusu yoktur. Hipo, izo ya da hiperekoik olabilirler. İzoeoik lezyon çevresindeki hipoekoik halo metastazın tipik USG görüntüsüdür. Meme kanseri metastazları diffüz tutulum yapabilir ve bu durum USG'de ayırt edilemeyebilir. BT ve MRG'de kontrast tutulumuna göre metastazlar hipo ya da hipervasküler olarak izlenirler. Nöroendokrin tümör, RCC, tiroid karsinomu, melanoma ve sarkom metastazları hipervasküler metastazlara örnek olarak verilebilir. Bunların dışındaki kanserlerin metastazları genellikle hipovaskülerdir (18).

Tuzaklar

Tedavi edilen metastazlar hemanjiyom benzeri erken periferik kontrastlanma ve geç kontrast tutulumu gösterebileceği akılda tutulmalıdır (42).

Tedavi ve Yaklaşım

Cerrahi, medikal tedavi, transarteriyel kemoembolizasyon ve radyofrekans ablasyon uygulanabilecek tedavi yöntemleridir.

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