

Bölüm 11

MİDENİN BENİGN TÜMÖRLERİNDE CERRAHİNİN YERİ

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GİRİŞ

Midede görülen tüm lezyonların % 85-90'ını benign lezyonlar oluşturur. Bu lezyonların yarısı epitelyal orijinli olan fundik gland polip (FGP), hiperplastik polip ve adenomatöz poliplerdir. Benign lezyonların geri kalan yarısını lipom, schwannoma, leiomyoma ve glomus tümörleri gibi mezenkimal kaynaklı tümörler oluşturur¹ (Tablo 1).

Bazı gastrik poliplerin malign potansiyele sahip olması veya kalıtsal sendromlarla ilişkili olması önemlerini arttırmaktadır. Mideyi etkileyen polipoz sendromları nadirdir ancak dikkate alınmalıdır².

Amerikan Gastrointestinal Endoskopi Derneği, 2013 yılında sporadik FGP'lerin 10 mm den büyük olanlarını, hiperplastik poliplerin 5 mm den büyük olanlarını ve adenomatöz poliplerin büyüklük şartı bulunmadan hepsinin çıkarılmasını önerir. Çoklu poliplerde en büyük polipin tamamen rezeke edilmesini tavsiye eder. Bu önerilere göre, patolojik tanıdan bağımsız olarak, 10 mm' den büyük tüm poliplere tam polipektomi gerekir. Polipektomi sonrası kanama, serozal yanıklar ve perforasyon gibi komplikasyonlar ortaya çıkabilir³.

Mezenkimal lezyonlar submukozal yerleşimleri nedeniyle endoskopik biyopsilerle örneklenemeyen, endoskopik ultrasonografi (EUS) eşliğinde ince iğne biyopsilerinin kullanımı ile daha kolay tanı konmaya başlanmış lezyonlardır.

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