

Bölüm 19

ANÜSÜN NEOPLASTİK DURUMLARINDA CERRAHİNİN YERİ

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GİRİŞ

Anal bölge kanserleri gastrointestinal sistemin nadir görülen tümörlerinden olmasına rağmen, gelişen tanı yöntemleri sayesinde insidansında yavaş da olsa bir artış görülmektedir. Anal bölge kanserleri, alt sindirim sistemi malignensilerinin yaklaşık % 5'ini oluşturmaktadır ⁽¹⁾. ABD verilerine göre yıllık yaklaşık 8000 yeni vaka tariflenmektedir ⁽²⁾. Bu nedenlerle, anal bölge tümörlerinde ayırıcı tanı ve tedavi yaklaşımları hakkında bilgi sahibi olmak faydalı olacaktır.

GENEL BİLGİLER

Anal bölge anatomisi hakkında bilgi sahibi olmak; bu bölgede gelişen lezyonların orjini, tipi ve yönetimi ile ilgili doğru karar verebilmeyi sağlayacaktır.

Anal kanal; anatomik olarak anüsten itibaren yaklaşık 4 cm'lik alanı tariflemek için kullanılan bir tabir olup, distaldeki kısmi ektodermal kökenlidir. Bu bölgenin proksimalinde endodermal kökenli mukoza bulunmakta olup iki bölge birbirleri ile dişli yapısına benzer bir bölge olan dentat çizgi aracılığıyla birleşir. **Cerrahi anal kanal** için üst sınır anorektal halkadır. **Anorektal halka** ise puborektal kasların ve sfinkter kompleksinin üst noktası olarak tariflenir. Anal kanal distal sınırı ise **intersfinkterik groove (oluk)** olarak belirlenmiştir. Perianal cildin bitip anal kanalın başladığı yere **anal verj (verge)** ismi verilir. **Anal marjin** ise intersfinkterik oluktan itibaren yaklaşık 5 cm'lik alanı çevresel olarak içine alan bölgeye denk gelmektedir.

Dentat çizginin proksimalinde mukoza kolomnar epitelden oluşmakta iken, distalinde skuamoz epitel bulunmaktadır. Dentat çizgi düzeyinden itibaren yaklaşık 1-2 cm proksimal alan transisyonel epitelden oluşmaktadır. Skuamoz epitel

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