

Bölüm 23

HEPATOSELÜLER KARSİNOM TEDAVİSİNDE CERRAHİ YÖNTEMLER

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GİRİŞ

Hepatoselüler karsinom (HCC), dünyadaki en yaygın beşinci kanser türü olup, tüm karaciğer kanserlerinin yaklaşık % 90 'ını oluşturur. ¹ Tipik olarak geç teşhis edilir ve tanı sonrası medyan sağkalım yaklaşık 6 ila 20 aydır ². HCC'lerin tedavisini planlamak için çok sayıda sınıflandırma ve evreleme sistemi vardır, ancak her HCC ve her hasta ayrı ayrı değerlendirilmelidir. Tedavi yöntemleri, HCC'nin basit bir küratif rezeksiyonu, ablatif yöntemler ve karaciğer transplantasyonu arasında değişiklik gösterir. Bu tedavi seçenekleri, tüm HCC'lerin sadece % 30'u için mümkün olabilir. ³ Karaciğer nakli, hem HCC'yi hem de altta yatan sirozu ortadan kaldırarak diğer tedavi yöntemlerine göre bir avantaja sahiptir. Bununla birlikte, donör eksikliği nedeniyle küratif bir amaç için rezeksiyonlar ve ablasyonlar da tercih edilmelidir. Her yıl, çoğu Çin'den (% 44) olmak üzere 571.000'den fazla yeni vakada HCC teşhis edilmektedir. Dünyada her yıl, HCC veya HCC ile ilgili sonuçlara bağlı 552.000 ölüm görülmektedir. ⁴ Dünyada yılda yaklaşık 20.000 karaciğer transplantasyonunun tahmin edilmektedir.

TEDAVİ KARARI

Literatürde HCC'lerin evrelendirilmesi için uygulanan çeşitli evreleme sistemleri vardır. Bu evreleme sistemlerinden, BCLC sınıflandırması Avrupa Karaciğer Araştırmaları Birliği ve Amerikan Karaciğer Hastalıkları Çalışma Derneği tarafından onaylanan HCC tedavisinin omurgası olarak önerilmiştir. (Şekil 1) ⁵

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nakil sayısı yetersizdir. Bu nedenle rezeksiyonlar ve lokal ablatif yöntemler mümkün olan her HCC vakasında yapılmalıdır.

Anahtar Kelimeler: HCC, HCC tedavisi, PERISH

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