

Bölüm 28

SAFRA KESESİ KANSERİ: RİSK FAKTÖRLERİ, TANI, EVRELEME, TEDAVİ YAKLAŞIMLARI

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GİRİŞ

Safra kesesi kanseri (SKK), çoğunlukla yaşlılarda görülen kötü prognozlu nispeten nadir bir durumdur. Cerrahi rezeksiyon potansiyel olarak küratif tek tedavidir, ancak başarı değişkendir ve evreye, tümör biyolojisine ve rezeksiyonun eksiksizliğine bağlıdır. SKK'nin yarısından fazlası bening hastalıklar nedeniyle yapılan kolisistektomiden sonra patolojik olarak teşhis edilir. Safra kesesi kanseri, lenfatik, hematojen ve peritoneal metastazlar yoluyla erken yayılma eğilimi gösterir . Bu yüzden uygun cerrahi yapabilmek için safra kesesi tümörlerinin doğal geçmişi, biyolojisini, görüntülemeyi, evrelemeyi tam olarak anlamak gerekir.

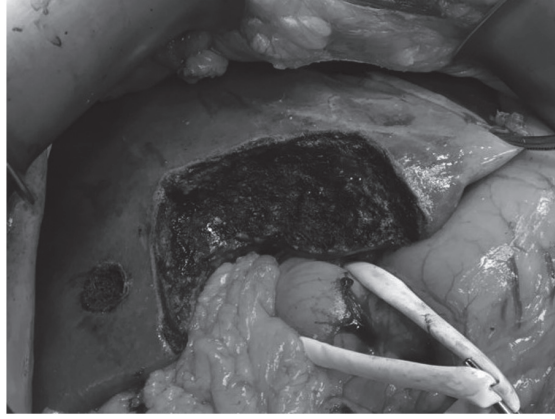
Bu bölümde SKK'nin insidansı, etyolojisi, risk faktörleri, tanı , evreleme ve tedavi yaklaşımlarından bahsedilecektir.

İNSİDANS VE EPİDEMİYOLOJİ

Safra kesesi kanseri, gelişmiş ülkelerde nadir görülen, ancak belirli coğrafi bölgelerde yaygın olan safra yollarının malignitesidir. Geç tanı ve kötü prognozu, safra kesesi karsinomunun tedavisinde önemli problemlerdir. Tüm gastrointestinal sistem tümörleri arasında 6. Sıradadır (1). Safra kesesi kanserleri yılda yaklaşık 165.000 kanser ölümünden sorumludur, bu da tüm küresel kanser ölümlerinin % 1.7'sidir.

Dünya çapında safra kesesi kanseri oluşumu 2/100000 kişiden az olmasına rağmen, bu durum coğrafi olarak oldukça değişkenlik gösterir. Şili'de safra kesesi kanseri görülme sıklığı 100.000 kadın için 25 ve 100.000 erkek için 9'dan fazladır. Hint-Gangetik kuşağı sakinleri özellikle kuzey Hindistan (21.5 / 100000) ve güney Karaçi Pakistan (13.8 / 100000) kadınları en fazla etkilenen bölgelerden

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Şekil 3. Karaciğer yatağı kama(2-3cm) rezeksiyon

PROGNOZ

Radikal rezeksiyonun SKK hastalarında 5 yıllık sağkalım oranını arttırmak için etkili bir terapötik yöntem olduğu gösterilmiştir (45). Ne yazık ki, SKK'li hastaların çoğu tanı sırasında radikal rezeksiyon fırsatı bulamazlar, hastaların %10'undan azında cerrahi sırasında rezeke edilebilen tümörler vardır. Safra kesesi kanseri bütün hastalar için 5 yıllık sağ kalım %5'in altındadır ve median yaşam süresi 6 aydır (46).

AJCC 8 evreleme sistemine evrelere göre 5 yıllık genel sağkalım : evre I,% 62.5; II,% 50.2; IIIA,% 25.7; IIIB,% 22.1; IVA,% 15.7; IVB,% 6.7 olarak gözlenmiştir (26).

Anahtar Kelimeler: Safra kesesi kanseri, tanı ve evreleme, cerrahi tedavi

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