Bölüm
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SAFRA YOLU TIKANIKLIĞINDA PALYATİF YAKLAŞIMLAR VE PALYASYON CERRAHİSİNİN YERİ

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GİRİŞ

Biliyer kanal tıkanıklıkları malign ve benign durumlara bağlı ortaya çıkabilir. Safra yolu, pankreas, hepatoselüler kanserler ve karaciğer metastazlarında safra yolu obstrüksiyonları sık görülmektedir. Bu obstrüksiyonlara benign durumlar da sebep olabileceği için ayrımın iyi yapılması gerekmektedir (1). Tanı için doku biyopsisi olması şart olmamakla birlikte histopatolojik doğrulama yapılması önemlidir. Tanı, radyolog tarafından tomografi eşliğinde biyopsi, endoskopik ultrasonografi (EUS) eşliğinde ince iğne aspirasyon ya da endoskopik retrograd kolanjio pankreotografi (ERCP) sırasında yapılan örnekleme ile konur. Biliyer darlıkta genel değerlendirme için bilgisayarlı tomografi (BT) veya manyetik rezonans kolanjiopankreatografi (MRCP) çekilmelidir. Kitle mevcut ise biyopsi yapılmalı; kitle yok ise EUS ile önceki yöntemlerle görülmeyen lezyonlar araştırılmalıdır. EUS'a ek olarak ERCP yapılıp gerekirse fırça sitoloji veya biyopsi alınır (2, 3). Yapılan çalışmalarda subklinik sarılık sebebi hastaların ortalama %20'sinde malign bir duruma bağlı olmakla beraber bunların 2/3'ü pankreas kaynaklı, kalan 1/3'ü ise biliyer sistem kaynaklı olduğu gösterilmiştir (4). Obstrüksiyona bağlı olarak: sarılık, kaşıntı, böbrek yetmezlikleri, immün sistem bozuklukları ve malnutrisyon gelişebilir (5, 6). En sık karşılaşılan semptom sarılıktır. Özellikle serum bilirubin düzeyleri 2-3 mg/dl'ye ulaştığı zaman ciltte sarılık görülmeye başlar. Ayrıca idrarın koyulaşması, akolik gayta sarılığı izler. Daha sonra da yaşam kalitesini bozan ısrarlı kaşıntı gelişir. Hastaların bu semptomları biliyer drenaj ile gerileyip, hayat kalitelerinin artmasını sağlanmaktadır (7). Hastaların sadece %20'si tanı anında operabl iken geriye kalanları geç bulgu vermesi, ileri derece invazyon ve medikal

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olarak önerilmemektedir çünkü günümüzde gelişen yeni tedavi modalitelerine bağlı olarak ortalama sağ kalım 6 ayı geçmektedir. Obstrüksiyon olan bölgeye ulaşılamama durumlarında ise EUS kullanımı işe yarayabilmektedir. İnvaziv olmayan yöntemlerle başarılı olunamazsa palyasyon cerrahisi denenebilir.

Anahtar Kelimeler: Biliyer obstrüksiyon, Malignite, Endoskopik Retrograd Kolanjio Pankreotografi, Perkütan Transhepatik Kolanjiyografi

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