

Bölüm 33

PANKREAS BAŞI TÜMÖRLERİNDE CERRAHİ TEDAVİ

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Görüntüleme yöntemlerinin gelişmesi ve kullanım sıklığının artması ile pankreas kaynaklı kitleler daha sık karşımıza çıkmaktadır. Çok çeşitli benign ve malign lezyonlar pankreas başında kitle imajı oluşturmaktadır. Bunlar solid, kistik veya ikisinin kombinasyonu şeklinde olabilir. En önemli soru, yapılacak cerrahi prosedür düşünüldüğünde bunun malign veya benign bir tümör olup olmadığıdır. Yine bu sorunun söz konusu olduğu süreçte kitlenin mevcut etkisi ile oluşan sarılık veya duodenal obstrüksiyon gibi bulgular cerrahi girişim için nedenler arasında olacaktır. Pankreas başı yerleşimli mevcut kitlenin mevcudiyeti ya da etkileri ile mücadele için yapılacak cerrahi prosedürler ve komplikasyonları düşünüldüğünde preoperatif değerlendirmenin özenle yapılmasına dikkat edilmelidir.

PANKREAS BAŞI KİTLELERİNDE AMELİYAT ÖNCESİ DEĞERLENDİRME YÖNTEMLERİ

Pankreas başı tümörlerinde malign, benign ayrımı mevcut laboratuvar ve görüntüleme yöntemleri ile her zaman mümkün olmamaktadır. Mevcut görüntülemeler sonrası pankreas başında kitle ile sarılık, obstrüksiyon gibi semptomlar cerrahi rezeksiyona yönlendirir (1). Semptomu olmayan pankreas başı yerleşimli kitlelerde ise kuşkusuz malignite tanısının ameliyat öncesi histolojik olarak doğrulanması tek ve en etkili yöntem olmakla beraber rutin uygulanabilirliği pratik olmayışı, yanlış negatiflik oranı ve oluşturabileceği komplikasyonlar nedeniyle söz konusu değildir. Özellikle biyopsi onkolojik tedavi öncesi önerilmektedir (2).

Pankreas baş kısmında saptanan tümörler kistik, solid ve ikisinin kombinasyonu şeklinde karşımıza çıkmaktadır. Bu kitlelerden solid komponentte olanlar

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lerce yapılan ameliyatlar sonrası ciddi oranda düşmesi nedeniyle bu girişimlerin özelleşmiş merkezlerce yapılması önemli bir husustur.

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