

# Konu 1

## Mide Cerrahisinin Tarihçesi ve Evrimi

Dr. Ogün ERŞEN

17. yy'da farkına varılmaya başlanan mide hastalıkları, cerrahi tedavi yönünden 20. yüzyılın başlarında bugünkü cerrahi modaliteler düzeyine ancak ulaşmıştır. Bu dönem içerisinde başarılı rezeksiyon oranı ancak %20, kanser nedeniyle gastrektomi uygulanan hastalarda mortalite oranı ise %50'lere varmaktadır. II. Dünya Savaşı sonrası 30 yıl boyunca, mide rezeksiyonunun kapsamı artmış, lenfadenektomi uygulamaları, mideye ek olarak komşu organları da içeren rezeksiyonlar gündeme gelmiş ve uygulanmaya başlanmıştır. Günümüzde dünyada konvansiyonel mide cerrahisi birçok merkezde tam olarak oturmuş olmakla birlikte, deneyimli merkezlerde ise tamamen laparoskopik olanaklarla yapılmaya başlanmıştır. Nihai olarak Japon Gastrik Kanser Araştırma Derneği tarafından toplanan verilere bakıldığında, mevcut rezeksiyon oranı mide kanserli hastalarda %91,3, mortalite oranı %1.0 ve 5 yıllık sağkalım oranı %71.6 düzeylerine ulaşmıştır. Günümüzde ise mide kanseri tedavisi, her hasta için uygulanan standartize planlardan, hasta özgül/bireysel minimal invaziv yöntemlere evrilmektedir.

Mide cerrahisinin gelişmesi için gerekli özgüven ve bilgi birikiminin oluşmasında birkaç önemli faktör rol oynamıştır. Cerrahinin gelişiminde, insanın yaratılışındaki gizemi kaldırmanın bir yolu olarak gördüğü 'kendi anatomisini öğrenme' merakının etkisi olduğu gibi, ani ve

önlenemez ölümleri açıklama ihtiyacı ile tedavi arayışının oluşturduğu motivasyonun etkisi de su götürmez bir gerçektir. Özellikle dönemi içinde diagnostik amaçlı kullanılacak tek geçerli tetkik olan otopsi ve postmortem incelemeler ile başlayan cerrahi deneyimler, yüzyıllardır mevcut olan ve günümüzde akut batın olarak tanımlandığımız, karın ağrısını takip eden ölüm vakalarını açıklama gereksinimi için tek yol gösterici seçenek olmuştur.

İlk olarak 1881 yılında mide kanserinin başarılı cerrahi tedavisi sadece mide değil, aynı zamanda sindirim sistemi cerrahisinde de devrimsel bir adım olmakla birlikte, mide cerrahisi yaygın olarak 18. yy sonu ve 19. yy başlarında pik yapan mide ve duodenum ülserleri nedeniyle kullanılmaya başlanmıştır. Tümör farkındalığı gelişmesi ve kanser tanısının gündeme gelmesine kadar olan süreçteki gelişme amacı ve uygulama alanları açısından, mide kanseri cerrahisinin tarihi mide benign hastalıklarından ayrılarak incelenemez.

### Tıbbın ve Cerrahinin Temelleri

M.Ö. 3000 yıllarına dayanan, Mısırlı mimar/hekim İmhotep'e atfedilen ve ilk kez bir kanseri tanımlayan Edwin Smith Papirüsü, memenin dışına taşmış bir tümörü tarifler ve bunun tedavisi

postoperatif mortalite tahmini amacıyla çeşitli risk modelleri tanımlanmaya başlanmıştır. 2000'li yıllarda POSSUM (138), mGPS (139), mE-PASS (140) gibi genel prognoz indeksleri mide kanseri hastalarına uyarlanmaya çalışılsa da mide kanseri için spesifik olan ve 20.000 hastanın verilerinin incelendiği Watanabe ve arkadaşlarının çalışması olmuştur (141). Ancak bu çalışmaların çoğunlukla tek bir etnik kökenden gelen hastaları kapsaması nedeniyle, mide kanserinde genel popülasyonu etkileyecek önermelerde bulunulması için bu endekslerin farklı ülkelerde de uygulandığı çalışmaların yapılması gerekmektedir.

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