Bölüm 11

Paraneoplastik Hepatik Sendromlar

Tanju KAPAĞAN[1]

GİRİŞ

Paraneoplastik sendrom; bir tümör veya tümörün metastazı ile doğrudan ilişkilendirilmeyen; ancak tümör tarafından salgılanan hormon, peptit veya sitokinlerden ya da tümöral hücreler ile normal hücreler arasında gelişen çapraz reaksiyonlardan dolayı primer tümörün yerleşim yerinden uzaktaki herhangi bir doku veya organda meydana gelen hasar sonucunda gelişen belirti ve bulgulardan oluşan bir tablodur. Genellikle de tümörün rezeke edilmesinden sonra bu belirti ve bulgular gerileyebilmektedir (1, 2). Paraneoplastik sendromların en çok eşlik ettiği kanserler; akciğer kanseri, meme kanseri, jinekolojik tümörler ve hematolojik malignitelerdir (1). Paraneoplastik sendromlar, sıklıkla primer tümöre tanı konulduktan sonra ortaya çıkmakla birlikte bazen de tanı anında veya tanı konulmadan önce de görülebilir (3). Tüm kanser hastalarının ancak %8'inde paraneoplastik sendromlar gelişebilmektedir (4). Daha çok endokrin, nörolojik, dermatolojik, romatolojik ve hematolojik sistemler ile ilişkili paraneoplastik sendromlar görülmekle birlikte nadir de olsa karaciğer disfonksiyon ile seyreden hepatik paraneoplastik sendromlar da görülebilmektedir (1, 5). Bu derlemede karaciğer ile ilgili paraneoplastik sendromlar ele alınacaktır. Literatürde tanımlanabilir karaciğer disfonksiyonu ile ilişkili en sık karşılaşılan paraneoplastik sendromlar; kaybolan safra kanalı sendromu (KSKS) ve stauffer sendromudur (6, 7). Bunun dışında karaciğerde yapısal veya fonksiyonel hasar ile kendini gösteren literatürde daha çok olgu bildirimleri şeklinde sunulan tam olarak tanımlanamamış hepatik paraneoplastik sendromlar da bulunmaktadır. Gelişen bu hasar belli bir aşamaya kadar primer tümörün rezeksiyonu veya tedavisi ile gerileyebilmekte veya tamamen iyileşebilmektedir (8).

[1] Uzm. Dr., Başakşehir Çam ve Sakura Şehir Hastanesi, İç Hastalıkları AD., Tıbbi Onkoloji Kliniği, tanjukapagan2016@gmail.com

uyumlu bulgu saptanması üzerine biyopsi ile alınan aspirasyon materyalinin yapılan mikrobiyolojik incelemesinde herhangi bir mikroorganizmaya rastlanmamıştır. Ancak mevcut bulguların HL'ya yönelik verilen kombine kemoterapiden yanıt alıdığı görülmüştür (62). Literatürde plasental trofoblastik tümörü olan bir olguda ise paraneoplastik olarak karaciğerde rejeneratif nodüler hiperplazi, portal hipertansiyon ve batında asit saptanmıştır. Asit sıvısı sitolojik incelemesi malignite açısından negatif olarak rapor edilmiştir. Radikal histerektomi ile tedavi edilen hastanın ameliyattan sonra 13. gününde periferik ödemleri ve asit mayisinin gerilediği görülmüştür (63).

SONUÇ

Elde edilen veriler ile birlikte tam olarak açıklanamayan karaciğer disfonksiyonu olan hastalarda mutlaka paraneoplastik sendromlar akla gelmelidir. Yine benzer şekilde kanser tanılı bir olguda karaciğerde herhangi bir metastatik odak bulunmamasına rağmen fonksiyonel veya yapısal hasar görülmesi primer malignite ile ilişkili paraneoplastik bir sendromun varlığına işaret edebilir. Primer hastlığın tedavisiyle birlikte kanser ile ilişkilendirilen bu belirti ve bulguların çoğunlukla gerileyebildiği de unutulmamalıdır. Literatürde hepatik paraneoplastik sendromlar ile ilgili daha çok olgu sunumları ve retrospektif olarak değerlendirilen küçük hasta serileri bulunmaktadır. Bu derlemede kanser ile ilişkili meydana gelen hepatik paraneoplastik sendrom tanılı hastaların tanı, tedavi ve takiplerindeki genel yaklaşım vurgulanmıştır.

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