

BÖLÜM 8

ENDOSKOPI YARDIMLI ONKOPLASTİK MEME CERRAHİSİ (EYOMC)

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TARİHÇE

1992 de ilk defa Kompatscher'in endoskopik tekniği kullanarak memede kapsül-
lotomi yapmasının ardından 1998 de Kitamura benign olgularda bu tekniği kul-
lanmaya başladı ve 2001 de 36 olguluk serisini sundu. Kitamura 3 trokar girişin-
den çalışıyor, distansiyon balonu ve insuflasyon tekniğini uyguluyordu. Ardından
Tamaki 6 hastada endoskopik parsiyel mastektomi uyguladı. Owaki ise 2005 de
tek aksiller insizyon kullanarak endoskopik meme cerrahisi yaptı. Günümüzde,
aksiller ve periareolar insizyondan uygulanan tünel tekniğini ise Lee 2006 yılında
geliştirdi ve 20 meme kanserli hasta üzerinde uyguladı. Aynı yıl Yamashita en-
doskopik meme cerrahisi uyguladığı 100 meme kanserli hastasının sonuçlarını
açıkladı. Yamashita yara koruyucu kullanıyor ve tümör sınırlarını boya ile işaret-
liyordu. Sonraki yıllarda memeyi askı sütürleri ile askıya alarak da çalıştı. 2008
yılında Ito, 38 olguda endoskopik yardımcı cilt koruyucu mastektomi ve aynı anda
implant uygulamasını gerçekleştirdi. 2009 da Nakajima "Hirotech Ekartörü" ile
memeyi asma tekniği uygulayarak cilt koruyucu mastektomi ve implant uyguladı-
ğı 244 olgusunu sundu. 2009 yılında Liu 3 insizyon tekniği kullandı ve sonuçlarını
kozmetik skor kullanarak değerlendirdi. Sakamoto ise cilt koruyucu mastektomi
olgularında 110 açık cerrahi ile 387 endoskopik cerrahi olgusunu karşılaştırdı.
2013 de ise 2 ayrı seride Dr Takemoto, Dr Takahashi ve Dr Fukuma meme koru-
yucu cerrahide açık ve endoskopik serileri kıyaslayarak endoskopik tekniğin gü-
venli olduğunu açıkladılar. Yine 2013 yılında Ozaki "Hybrid" endoskopik meme
cerrahisi tekniğinde "Tumescent" uygulamasının etkinliğine dikkat çekti.

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