BÖLÜM 30

SAFRA KESESİ TÜMÖRLERİ

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SAFRA KESESİNİN BENİGN TÜMÖRLERİ

Safra kesesi, tüm dünyada patoloji laboratuvarlarında karşılaşılan en yaygın örneklerden biridir. Bunların büyük çoğunluğu sadece kolelitiazis ve kronik kolesistiti gösterir, ancak safra kesesinde çeşitli iyi huylu tümörler ve tümör benzeri lezyonlar ortaya çıkabilir ve büyük ölçüde tesadüfen keşfedilir. Epitelyal tümörler arasında adenomlar ve kist adenomlar bulunur. Tümör benzeri lezyonlar, çeşitli metaplazi, hiperplazi, heterotopi ve kronik kolesistit ile ilişkili lezyonları içerir. Bu çeşitli iyi huylu ve tümör benzeri lezyonlar klinik, radyolojik ve hatta bazen mikroskobik olarak maligniteyi taklit edebilir. Hastaların büyük bir kısmı karın ağrısı ve kusma ile ortaya çıkan dispeptik şikâyetlerle polikliniğe başvururken, yaklaşık %30'u asemptomatik olabilir. Tanıda ultrasonografi, bilgisayarlı tomografi ve endoskopik ultrasonografi kullanılabilir. Özellikle polipler olmak üzere tüm benign tümörler malignite riski açısından öncelikli değerlendirilmeli ve malignite açısından risk artışı teşkil eden lezyonlar için kolesistektomi yapılmalıdır.

ANATOMİ

Safra kesesi, karaciğerin alt yüzeyinde IV. ve V. karaciğer segmentlerinin hemen altında yer alan armut biçimli kese şeklinde bir yapıdır. Altta peritoneal yüzeye ve karaciğerdeki safra kesesi yatağına yakından ilişkili üst hepatik yüzeye sahiptir. Safra kesesi yaklaşık 7-10 cm uzunluğunda ve yaklaşık 2,5-3,5 cm genişliğindedir. Normalde yaklaşık 30-50 mL sıvı içerir, ancak 300 ml'ye kadar sıvıyı depolayabilir (1).

Fundus, korpus, infundibulum ve boyun olmak üzere 4 kısma ayrılır. Safra kesesini drenajını sistik kanalla ana safra kanalına boşaltır. Sistik kanal, Heister'in "valfleri" olarak adlandırılan spiral mukoza kıvrımlarına sahiptir. Bazen safra kesesi infundibulumunun veya boynunun daha düşük bir keseleşmesi görülebilir ve buna Hartmann kesesi denir. Calot üçgeni, sağdaki kistik kanal, soldaki ortak hepatik kanal ve yukarıda karaciğerin alt yüzeyi ile sınırlıdır; sistik arter ve sistik lenf nodu Calot üçgeninde bulunur (2).

Safra kesesini karaciğer parankiminden ayıran fibro-areolar dokunun yoğunlaşması olarak adlandırılan kistik plaka, karaciğer ve safra kesesi arasındaki visseral peritonun yansımasıdır. Kistik plaka, safra kesesi gövdesinde iyi oluşur, ancak safra kesesi fundusuna doğru incelir. Kolesistektomi sırasında safra kesesi ve karaciğer arasında-

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Sonuç

Safra kesesi benign tümörlerinde kanserleşme ihtimali oldukça az olduğundan kesin tanı netleştirilmeden rutin proflaktik kolesistektomi önerilmemektedir. Ancak belrgin malignite ihtimalinin arttığı safra kesesi polipleri, büyük safra taşları ve porselen kese gibi benign durumlarda kolesistektomi bir tedavi seçeneği olarak hala önemini korumaktadır.

Safra kesesi kanserleri, ortalama yaşam süresi oldukça az olan agresif tümörlerdir. Ancak son zamanlarda yapılan çalışmalar, optimal bir evrelem sonucunda seçilmiş vakalrda uygulanacak radikal cerrahilerin uzun süreli sağkalım sağlayabileceğini ortaya koymaktadır. Yine bening tümörlerde olduğu gibi safra kesesi taşı ile safra kesesi taşları arasındaki ilişkiye rağmen asemptomatik vakalrda rutin profilaktik kolesistektomi önerilmemektedir.

Aynı seansta yapılan radikal genişletilmiş kolesistektomiler, sekonder kolesistektomilerden daha iyi sonuç verdiği için, safra kesesi kanseri düşünülen ve bu amaçla kolesistektomi planlanan hastalarda preoperatif ve intraoperatif değerlendirme büyük bir titizlilikle yapılmalıdır.

Kolesistektomi sonrası ortaya konulan patoloji raporlarına göre, T1 tümörlerde cerrahi sınırlar temiz ise başka bir işleme gerek duyulmamaktadır. Ancak diğer tümörlerde kolesistektominin yanısıra karaciğer rezeksiyonları ve bölgesel lenf nodu diseksiyonu yapılması gerekmektedir. Rezeke edilemeyen olgularda ise adjuvan kemoterapinin yanısıra sarılık, bası bulguları ve intestinal obstruksiyonlar için cerrahi girişimler yapılabilmektedir.

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