

PANKREASIN EKZOKRİN TÜMÖRLERİ

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GİRİŞ

Pankreas retroperitoneal yerleşimli endokrin ve ekzokrin fonksiyonları olan önemli bir organdır. Pankreas kanseri en ölümcül solid organ tümörlerinden biridir ve onkolojideki en büyük zorluklardan biri olmaya devam etmektedir. Tüm dünyada 2018 verilerine göre kayıtlı 458.918 pankreas kanseri hastası bulunmakta idi ve bu sayı tüm kanser vakalarının %2,5' ini oluşturuyordu (1). Şu anda ABD' de akciğer kanseri ve kolo-rektal kanserlerden sonra kanser ölümlerinin üçüncü önde gelen nedenidir (2). Sosyoekonomik düzeyi yüksek ülkelerde önümüzdeki 10 yıl içerisinde ikinci sıraya yerleşmesi öngörülmektedir (3). Ülkemizde Sağlık Bakanlığı Halk Sağlığı Genel Müdürlüğü'nün 2015 yılındaki verilerine göre pankreas kanseri insidansı erkeklerde 5.6/100.000 ve kadınlarda 3.3/100.000' dir (4). Ülkemizde kansere bağlı ölümlerde ise oran, dünya istatistikleri ile benzerlik göstermektedir.

Tanı ve tedavideki farklılıklar nedeniyle ekzokrin ve endokrin tümör ayrımı önemlidir. Ekzokrin tümörler pankreasın en sık görülen tümörleridir. Tüm pankreatik kanserler içerisinde en sık görülen tip %85-90 ile duktal adenokarsinomlardır ve tanı yaşı ortalama 70-71' dir (5). Ekzokrin pankreas kanserlerinin ise %95' i pankreas kanal epi-

telinden köken alan duktal adenokarsinomlardır. Bulunduğu yer genellikle pankreasın baş ve boyun kısmıdır. Pankreas enzimleri salgılayan hücrelerden gelişirse asiner hücreli karsinom adını alır.

Pankreas adenokarsinomları dışında daha az sıklıkla görülen ekzokrin pankreas tümörleri arasında adenoskuamöz karsinomlar, skuamöz hücreli tümörler, taşlı yüzük hücreli tümörler, solid pseudopapiller tümörler vardır. Ampulla vateri kanseri ise safra kanalı ve pankreatik kanalın birleştiği yer olan ampulla vaterden köken alır. Bu kanser köken aldığı yer açısından pankreas kanserinden farklıdır. Fakat yerleştiği yer nedeniyle uygulanan tedavi pankreas başı tümörleri ile aynıdır. Metastaz yapacak kadar büyük boyutlara ulaşmadan tıkanma sarılığına yol açarlar, daha erken teşhis edilebilirler. Bundan dolayı klasik pankreas adenokarsinomlarına göre prognozları daha iyidir.

Pankreas ekzokrin tümörlerinin erkeklerde görülme sıklığı kadınlara göre daha yüksektir. Tedavi başarısı hastalığın evresi ile ilişkilidir. Erken evre tümörlerde 5 yıllık sağkalım %35-40' larda izlenirken ileri evre tümörlerde bu oran %5' in altına inmektedir (6). Erken evrede tanı konulup multidisipliner yaklaşımla tedavi edilen hastalarda hastalıksız sağkalım şüphesiz artmaktadır.

Bu bölümde ekzokrin pankreas tümörlerinin sırasıyla etiyoloji ve patogenezi, klinik bulguları,

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ma düşmelerine neden olabilir. Anti-enflamatuar ilaçlar bu etkilerin bazılarını hafifletebilir. İştahı artırmak için kullanılan ilaçlardan bazıları kortikosteroidler, progesterinler, kannabinoidler, ghrelin ve analogları ile bazı bitkisel ilaçlardır.

Sonuç

Pankreas kanseri, genel olarak erkeklerde ve ileri yaşta görülen, agresif seyir gösteren ölümcül bir malignitedir. Son yıllarda sıklığı giderek artmaktadır. Tüm kanserlerin %2' sini ve kansere bağlı ölümlerin %5' ini oluşturur. Pankreas kanseri asemptomatik seyreden kanserler arasında ise ilk sırada yer alır.

Olguların %90' ı ekzokrin pankreasın duktal epitel hücrelerinden kaynaklanan duktal adenokarsinomdur. Hastaların %10' unda ailesel bir eğilim vardır. Pankreas kanseri herediter germ-line veya somatik mutasyonlardan kaynaklanabilir ve mutasyonlarda kanserin ilerlemesine ve metastazına neden olur. Bunlardan en sık görüleni K-ras mutasyonudur. Hastalığın tanısı çok zordur, çünkü erken belirtisi yoktur ve çevre organlara hızla yayılır. En sık semptomlar kilo kaybı, anoreksiya ve ağrı olup hastalık semptomatik olduğunda genellikle ileri evrededir.

Hastalığın prognozu evreye bağlıdır ve erken evre tümörlerde yaşam beklentisi artmaktadır. Tanı sıklıkla fizik muayene, radyolojik görüntüleme yöntemleri ve tümör belirteçlerinin birlikte kullanılması ile konmaktadır. Hastalığın küratif tedavisi cerrahidir ancak cerrahiye rağmen erken evre tümörlerde dahi 5 yıllık sağkalım %40' tan fazla değildir.

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