

BÖLÜM 7

Erken evre rektal kanserler için cerrahi uygulanmadan neoadjuvan tedavi?

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ANAHTAR NOKTALAR

- Kolon kanseri taraması; rektum kanseri başvuru şikâyetlerini yüksek oranda erken evre tümörlerin tanınması nedeni ile değiştirecektir.
- Küçük boyutlu tümörlerin saptanmasında ilk başvuru zamanı farklılıkları nedeniyle biyolojik olarak yavaş büyüyen tümörler ile aynı evredeki semptomatik tümörlerin tanınmalarında farklılıklar olabilir.
- Erken tanı; rektumun korunabildiği minimal invaziv tekniklerin kullanımı için seçenek sağlayabilir, böylelikle hatırı sayılır oranda morbidite ve mortalitesi bulunan geleneksel cerrahi yöntemlerden kaçınılabılır ve hastanın yaşam kalitesi artırılabilir.
- Transanal endoskopik mikrocerrahi (TEM) kullanılarak yapılan lokal eksizyonlarla, erken evre rektum kanserlerinin büyük çoğunluğu tedavi edilebilir. Fakat onkolojik etkinliği radikal cerrahi uygulanan vakalarla uyuşmamaktadır.
- Alt rektum kanseri özel olarak değerlendirilmelidir. Lateral tümör yayılım riski yüksek vakalarda klasik total mezorektal eksizyonun (TME) yapıldığı cerrahi tek ve en mantıklı strateji olacaktır.
- Ameliyat öncesi radyoterapi ile transanal endoskopik mikrocerrahinin (TEM) birlikte kullanımı cazip bir seçenek olarak görünmektedir.
 - 1 Radyoterapi ile mezorektum ve pelvik yan duvardaki mikroskobik nodal metastazlar etkili şekilde tedavi edilebilir.
 - 2 Tümör boyutunun küçülmesiyle TEM ile temiz cerrahi sınırlar elde edilmesi mümkün olmaktadır.
 - 3 Tümör evresindeki gerileme ölçümü; klinik yanıtın değerlendirilmesine göre daha objektif ve güvenilirdir.
 - 4 Histopatolojik olarak yanıtız vakalar radikal cerrahiye yönlendirilebilir.

3. Hasta klinik tam yanıt sonrası ameliyatsız tedaviye karar verdiğinde aşağıdaki ifadelerden hangisi yanlıştır?
- A. Hastaya takibin ilk yılında 6 ayda bir anestezi altında muayene yapılmalı, tümör alanı görüntülenmeli, tümör alanındaki skar dokusundan biyopsi yapılmalıdır ve her üç ayda bir pelvik MR ile değerlendirilme yapılmalıdır
- B. Ameliyatsız yaklaşımın başarısızlık şansı 5 yılda yaklaşık %10-20'dir
- C. Tümörde nüks görülmesi halinde yapılacak kurtarıcı cerrahinin uzun dönem sonuçları başlangıçta yapılacak cerrahi rezeksiyondan daha kötü değildir
- D. Tümörde nüks görülecekse kanıtlar göstermektedir ki bu olay ilk 24-48 aylık sürede olacaktır

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