

BÖLÜM 13

Metastatik rezeksiyon için ileri hastalıkta cerrahi yaklaşımlar

Çeviren: XXX
XXX

ANAHTAR NOKTALAR

- Bilgisayarlı tomografi (BT) kolorektal kanser evrelemesi için en iyi modalite olsa da, manyetik rezonans görüntüleme (MRG) mevcut ise ameliyat öncesi karaciğer metastazlarının identifikasyonu ve karakterizasyonunda tercih edilen yöntemdir. Preoperatif görüntülemede saptanamayan metastazların tespitinde intraoperatif ultrasonografi nihai değerlendirme için önemlidir.
- Aksi takdirde ameliyat sonrası remnant karaciğer dokusu marjinal olacak hastalar için portal ven embolizasyonu hipertrofiye yol açarak genişletilmiş karaciğer rezeksiyonlarının güvenliğini artırabilir.
- Portal ven embolizasyonu sonrası meydana gelecek hipertrofi miktarı, rezeksiyon sonrası oluşacak rejenerasyonun derecesini tahmin etmede oldukça etkilidir.
- Karaciğere metastaz yapmış kolorektal kanserli hastalarda perioperatif kemoterapi nüks ve progresyonsuz sağkalımı düzeltir ve genel sağkalımı uzatabilir.
- Karaciğer metastazlarının sayısı ve rezektabl ekstrahepatik hastalık varlığı kolorektal karaciğer metastazları için artık mutlak kontrendikasyonlar arasında sayılmamaktadır.
- Küçük karaciğer metastazlarının tümörün lokasyonu ve rezeke edilecek etraf parankimi nedeniyle rezektabl olmadığı durumlarda radyofrekans ablasyon kullanışlı bir yardımcı tedavi yöntemi olabilir.

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ÇOKTAN SEÇMELİ SORULARIN CEVAPLARI

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