BÖLÜM 31

JİNEKOLOJİK KANSERLERDE SİTOREDÜKTİF CERRAHİ

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GİRİŞ

Gastro-intestinal ve jinekolojik malignitelere sekonder ortaya çıkan peritoneal karsinomatozis; uzun yıllardır kemoterapi ile tedavi edilmeye çalışılmış ve hastalara palyatif destek verilmiştir. İlerleyen yıllarda ise tümör yükünün tamamen ortadan kaldırılması hedeflenmiştir. Paul Sugarbaker tarafından tanımlanmış olan sitoredüktif cerrahi, batın içinde gözle görülür tümöral doku bırakmayacak şekilde tüm implant, organ ve/veya peritoneal yüzeylerin cerrahi olarak çıkarılması prosedürüdür (1,2).

Sitoredüktif cerrahi post-operatif tümör yükünü, semptomları azaltacağı ve hastanın yaşam kalitesini artıracağı için tedavinin temel taşı olmaktadır (3). Eğer bu kapsamlı cerrahi prosedür; neo-adjuvan kemoterapi sonrasında yapılmışsa interval sitoredüktif cerrahi, nüks hastalıkta yapılmışsa sekonder (tersiyer/kuarterner) sitoredüktif cerrahi tanımlaması yapılır. Optimal sitoredüksiyon ≤1 cm rezidüel hastalık olarak tanımlanır (4,5). İleri evrelerde rezidü kalmayan hastalar ile 10 mm< rezidü kalan hastaların ortalama sağkalım süreleri sırasıyla; 70 ve 30 ay olarak bildirilmiştir (p<0.001) (6). Dolayısıyla rezidü tümör kalması veya inkomplet cerrahi toplam sağkalımda en önemli prognostik faktörlerden biri olmaktadır ve bu nedenle optimal sitoredüksiyon elde etmek için maksimum efor sarf edilmelidir (1,7,8-10). Amaç kemoterapötik ajanın küçültülmüş tümöre daha iyi perfüze olmasını sağlamak ve ajana direnç gelişimini azaltarak sağkalımı artırmaktır (11).

Over kanseri kadınlarda en sık görülen 8. kanser türüdür (12). En sık seröz tip epitelyal over kanseri (EOK) görülür ve hastalığın evresi FIGO'ya göre en önemli prognostik faktördür (13). Over kanseri jinekolojik kanserlere bağlı ölümlerin en başında gelmekle birlikte tüm hastalar değerlendirildiğinde 5 yıllık toplam sağkalım oranı yaklaşık %45'dir (14,15). Tedavide genel olarak laparotomi önerilir. Batın yıkama sıvısı alınması ardından histerektomi, bilateral salpingooferektomi, total infrakolik omentektomi ve pelvik/paraaortik lenf nodu diseksiyonu uygulanır (16). Çünkü omental tutulum oranı %35, yıkama sıvısında malign sitoloji oranı %33 olarak bildirilmiştir (13). Sistematik lenfadenektominin sıklıkla önerildiği seröz EOK'nın aksine, müsinöz over kanserle-

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- Amaç kemoterapinin tümöral dokulara daha iyi perfüze olmasını sağlamak ve ilaca rezistans gelişimini azaltarak sağkalımı artırmaktır.
- Optimal sitoredüksiyon; cerrahların deneyime, becerisine ve operasyonun yapıldığı merkezin imkanlarına oldukça bağımlıdır.
- Over ve rektosigmoid kolon anatomik komşuluğu nedeniyle sıklıkla birlikte etkilenmektedir.
- Tüm tümör odaklarının çıkarılması için diyafram periton stripping, splenektomi, parsiyel hepatektomi, distal pankreatektomi, parsiyel sistektomi gibi kapsamlı cerrahiler endike olabilir.
- Hangi hastalarda optimal sitoredüksiyonun mümkün olabileceği konusunda görüntüleme yöntemlerinin yararı kısıtlı olabilir, şüphe varsa cerrahi öncesi laparoskopik değerlendirme fayda sağlayabilir.
- Son yıllarda mikroskopik sitoredüksiyonu hedefleyen ve ısıtılmış intraperitoneal kemoterapi (HIPEC) ile ilgili çalışmaların sonuçları, hangi hasta gruplarında faydalı olabileceği konusunda titizlikle değerlendirilmelidir.

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