

# Adrenal Gland Tümörlerinde Cerrahi Tedavi

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Cerrahi adrenalectomi benign (hormonal olarak aktif veya fonksiyonel olmayan) ve malign tümörler için yapılmaktadır. Cerrahi yaklaşımlardan bağımsız olarak, adrenalectomi genel olarak sadece özel eğitim almış cerrahlar tarafından gerçekleştirilmesi gereken zorlu bir prosedürdür. Yüksek volümlü merkezlerde gerçekleştirilen adrenalectomiler daha az komplikasyon ve daha düşük maliyetle ilişkilendirilmektedir (1).

Adrenalectomitransabdominal, retroperitoneal veya transtorasik olarak yapılabilir. Transabdominaladrenalectomi daha yaygın olarak yapılır ve açık veya minimal invaziv cerrahi (MIS) teknikleriyle gerçekleştirilebilir. Açık transabdominaladrenalectomi anterior veya torakoabdominal yaklaşımla yapılabilir. Açık retroperitonealadrenalectomi posterior bir yaklaşımla gerçekleştirilir. Minimal invaziv cerrahi yaklaşımları laparoskopik transabdominal ve posterior retroperitoneoskopikadrenalectomi (RPA) içerir. Torakoabdominaladrenalectomi nadir yapılan bir prosedürdür ve genellikle diyafragma tutulumu veya göğüs içine tümör yayılımı olan çok büyük tümörlerin nadir durumlarında kullanılır (2,3).

Adrenalectominin intraoperatif komplikasyonlarını en aza indirmek için temel cerrahi prensipler cerrahi yaklaşımdan bağımsız olarak ayındır ve şunları içerir:

- Ameliyat alanının geniş eksplorasyonu.
- Büyük damar yapılarının titiz izolasyonu ve kontrolü.
- Kapsüler yırtılmayı önlemek için en blok tekniği kullanarak böbrek üstü bezi ve tümör rezeksiyonu.

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incelemede, transabdominal laparoskopik yaklaşım uygulanan 23 hasta ile karşılaştırıldığında (sırasıyla 3,8'e karşı 3,4 saat, 2,2'ye karşı 1,5 gün) ortalama ameliyat süresi veya hastanede kalış süresinde istatistiksel bir fark bulunmamıştır (24). 6 cm'den büyük kitleler transabdominal laparoskopik yaklaşımla rezeke edilmiştir. Açık prosedüre dönüşüm olmamıştır.

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