MİDE GASTROİNTESTİNAL STROMAL TÜMÖRLER

27. BÖLÜM

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ÖZET

Gastrointestinal stromal tümörler (GİST) primer olarak gastrointestinal sistem ve abdomende yerleşen, özgün histolojik özellikleri olan, mezenkimal tümörlerdir. Önceleri gastrointestinal sistemin mezenkimal tümörlerinin hemen hemen tamamı düz kas kökenli olduğu kabul edilirken, immünohistokimya ve elektron mikroskobunun kullanımlarının yaygınlaşması ile gastrointestinal sistemin duvarından kaynaklanan hipotezin doğru olmadığı görülmüştür.

GİST terimi ilk önce Mazur ve Clark tarafından 1983'te gastrointestinal non-epitelyal neoplazmlarını anlamak için kullanılmış, fakat daha sonraları bu grup tümörler GİST olarak daha genel bir isimle anılmaya başlanmıştır (1,2). Gastrointestinal kanalın, mezenterin ve omentumun nadir tümörleridir. Bu tümörlerin küçük bir kısmı tam bir nöral veya düz kas diferansiyasyonuna sahipken büyük kısmı ise kısmi olarak nöral, gangliyonik veya mikst diferansiyasyon gösterir (3,4)

TARİHÇE

Başlangıçta GİST hakkında fazlaca yanlış bilgi bulunmaktaydı. Işık mikroskobik tanımlamara dayanarak ve 1960 yılına kadar GİST'lerin düz kas kökenli neoplazmalar olduğu düşünülmüştür; bu nedenle leiomyoma, leyomiosarkom veya leyomioblastoma olarak, tek kelimeyle STUMP (Belirsiz Malign Potansiyeli Düz Kas Tümörleri) olarak sınıflandırılmıştır. 1970'lerin başlarında, elektron mikroskobik çalışmalar, düz kas farklılaşmasıyla ilgili tutarsız veriler ortaya koymuştur. 80'li yıllar boyunca bu veriler, kas belirteçlerinin (aktin ve desmin gibi) ekspresyonunun, miyometriyumdan kaynaklanan düz kas tümörlerinde gözlenenden çok daha değişken olduğunu gösteren immünohistokimyasal çalışmaların yapılmasıyla desteklenmiştir (5)

İmmünohistokimya, diğer düz kas neoplazmalarında bulunmayan nöral krest immünofenotipine (S100- ve nörona özgü enolaz - NSE pozitifliği) sahip bir stromal neoplazi alt tipinin varlığını da göstermiştir. Bu bulgular, bağırsak duvarında ortaya çıkan mezenkimal tümörlerin gerçek kökeni ve doğası hakkında uzun süredir devam eden bir tartışmayı başlatmıştır. 1983'te Mazur ve Clark, bu «stromal tümörlerin», Hem iğsi hem de epiteloid hücrelerin atası olduğu düşünülen ve CD34 pozitifliği gösteren me-

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ması ve p-glikoproteini sıklıkla eksprese etmesi ile açıklanmıştır (85).

Radyoterapi

Radyoterapi etkisi tam olarak bilinmemektedir ve faydalı olduğunu gösteren veri yoktur. Çoğu visseral sarkomlarda, organ motilitesinden, postoperatif ince bağırsak lümeninin tekrar tıkanmasından dolayı radyoterapi uygulaması anlamsızdır. İntraabdominal büyük kitlelerin olası ve sınırlı radyoterapi toleransı, tedavinin kullanılabilirliği kısıtlamaktadır. Organ duvarındaki sabit lezyonlara radyoterapi uygulanabilir fakat radyoterapi gören kısmın kendisi ve etrafında rekürrenslere sıkça rastlanmaktadır (62).

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