# ÖZOFAGOGASTRİK BİLEŞKE TÜMÖRLERİ

30. BÖLÜM

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## ÖZET

Özofagus ve midenin birleşim noktasında yer alan adenokarsinomlara özofagogastrik bileşke (ÖGB) tümörleri denir. Özofagogastrik bileşkede oluşan skuamöz hücreli karsinomlar, özofagogastrik bileşkeyi geçseler bile distal özofagus karsinomları olarak kabul edilir.

En sık Barrett özofagusa bağlı olarak gelişen özofagogastrik bileşke kanserleri mide ve özofagus kanserlerine göre farklı patofizyolojik ve moleküler altyapı ve klinik seyre sahiptir. Özofagus ve distal mide tümörleri sıklığı azalırken, özofagogastrik bileşke tümörlerinin sıklığı artmaktadır.

ÖGB adenokarsinomlarının gelişiminden sorumlu intestinal yolak ve non-intestinal yolak olmak üzere 2 farklı patofizyoloji söz konusudur. Her iki yolakta ayrı moleküler ve genetik faktörler etkindir.

Özofagogastroduodenoskopi (ÖGD), tercih edilen tanısal incelemedir. Malignite teşhisi konulduktan sonra, hastalığın durumunu tanımlamak için Bilgisayarlı tomografi, PET-CT taraması ve endoskopik ultrason yapılmalıdır.

ÖGB kanserlerinde çoğu hasta ileri evre olana kadar asemptomatik kalır. Bundan dolayı kür şansı olan tedavi modalitesi cerrahi olsada preoperatif tedavi önemli yere sahiptir.

ÖGB kanserlerine cerrahi yaklaşımda fikir birliği yoktur. Cerrahi rezeksiyon makroskopik ve mikroskopik (R0) negatif sınır elde etmek olduğundan, özofagus ve mide tutulumunun derecesi ameliyat öncesi net değerlendirilmelidir.

Postop dönemde hasta aşamalarında kontrollü gidilmeli, oluşabilecek komplikasyonların gürültülü seyredebileceği akıldan çıkarılmamalıdır.


## GİRİŞ

Özofagogastrik bileşke (ÖGB) kanserleri, farklı patofizyolojik ve moleküler altyapıları ve klinik seyirleri nedeniyle mide ve özofagus kanserlerinden ayrı incelenirler.

Özofagus ve distal mide tümörleri sıklığı azalırken, özofagogastrik bileşke kanserleri son 40 yılda yaklaşık % 10 artmıştır (1,2). Bu durum artan obezite, gastroözofagiyal reflü hastalığı ve azalan Helikobakter pilori infeksiyon oranı ile ilişkilendirilmektedir (3).

Bu bölümde özofagogastrik bileşke kanserlerine klinik bir bakışla, patofizyoloji, görülme sıklığı, risk faktörleri, tanı ve sınıflama, tedavi se-

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miktarda drenaj, şilotoraksın ilk belirtisi olabilir. Trigliserid seviyesinin 500 mg / dL'den yüksek olması tanısaldır. Tedavide diyet kesilerek parenteral beslenme başlanmalıdır. Önlemler işe yaramazsa, girişimsel radyoloji eşliğinde lenfosintigrafi kullanarak perkütan torasik kanal embolizasyonu gerçekleştirilebilir yada torasik kanalı bağlamak için ameliyat gerekli olabilir (81).

Mortalite oranları % 1 ila% 10 arasında değişmektedir (83).

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