

## Bölüm 2

# ÖZOFAGUS KAYNAKLI GASTROİNTESTİNAL STROMAL TÜMÖRLER VE GASTROİNTESTİNAL DIŞI STROMAL TÜMÖRLER

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### ÖZOFAJIAL GASTROİNTESTİNAL STROMAL TÜMÖR

Gastrointestinal stromal tümörler (GİST), yıllık insidansı milyonda 7-20 olan, sindirim sisteminden kaynaklanan en sık görülen mezenkimal neoplazmalardır. (1-3)

GİST'ler c-KIT (CD117) veya CD34 için pozitifdir ve tüm gastrointestinal tümörlerin % 1'inden daha azını oluştururlar. Cajal'ın bağırsak hücrelerinin GIST'lerin öncülleri olduğu bilinmektedir.(4) Özofagus GIST'leri oldukça nadir görülürken, GIST'ler genellikle mide ve ince bağırsakta ortaya çıkar.(5-10)

GIST'ler ağırlıklı olarak midede (% 60-70), ince bağırsaklarda (% 20-30) ve kolorektumda (% 5-10) ortaya çıkar. Özofagus GIST'leri son derece nadir görülür ve tüm GIST'lerin% 5'inden daha azını oluşturur. (8-11)

Leiomyomlar, özofagusun en sık görülen mezenkimal tümörleridir ve GIST'leri mezenkimal özofageal tümörlerin yaklaşık% 25'ini oluşturur.(9) Nadir görülmelerinden dolayı, özofagus GİST'lerinde klinikopatolojik veriler son derece sınırlıdır, sadece bireysel vaka bildirileri veya küçük sayılar içeren vaka serileri mevcuttur. Özofagus GIST'lerinin klinik özellikleri iyi bilinmemektedir. Lott ve arkadaşlarının 55 özofageal GIST vaka serisine göre gastrik GİST'lere kıyasla, özofajial GİST'ler erkeklerde ve 60 yaşından küçük hastalarda anlamlı olarak daha sık meydana geldiğini bildirdi. (2)

Özofagus GIST'lerinin en sık görüldüğü yer alt özofagus ve bunu takiben orta özofagus olup üst özofagustaki GIST'ler nadirdir. (2,12,13) Cajal hücrelerinin dağılımı GIST'lerin dağılımı ile benzerlik göstermektedir. Özofajial GİST'ler özo-

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EGIST ile ilgili geniş ve detaylı çalışmalara ihtiyaç vardır. Halen tümörün karakteristiği, differansiasyonu ve prognozu ile ilgili netlik gerekmektedir.

**Tablo 2. GIST ve EGIST’te immunohistokimyasal ekspresyon**

İmmunohistokimyasal marker	EGIST (%)	GIST (%)
CD117	100	93,2
DOG1	66,7	93,2
CD34	50	60,8
SMA	50	39,1
Desmin	50	13,5

Metastatik olmayan EGIST olgularında onkolojik cerrahi rezeksiyon gerekmektedir. Metastaik veya unrezektable tümörlerde tirozin kinaz inhibitörü olan imatinib tedavisi verilir.

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