

## Bölüm 7

# NÜKS VE METASTATİK GASTROİNTESTİNAL STROMAL TÜMÖRLERİ CERRAHİ TEDAVİSİ

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### GENEL BİLGİLER

Gastrointestinal stromal tümörler (GIST'ler), yılda milyonda 10–13 klinik insidansı ve ABD'de yılda 5000 ila 6000 yeni vaka ile, gastrointestinal sistemin en sık görülen sarkomları ve mezenkimal neoplazmalarıdır (1,2) Vakaların çoğunluğu sporadiktir, ortanca yaş 60 yaş civarındadır ve hafif bir erkek baskınlığı vardır [3]. GIST'ler en sık midede görülür (% 50-60); daha sonra % 20–30 ince bağırsakta, % 10 kalın bağırsakta, % 5 özefagusta ve % 5 karın boşluğunda başka bir yerde görülür [1]. Hastaların yaklaşık% 15–47'si metastatik hastalık olarak tanı alır ve en sık metastaz bölgeleri karaciğer, periton ve omentumdur [1]. Lenf nodu metastazı nadir görülür, genellikle hastalığın sadece pediatrik formlarında görülür. Diğer sarkomlardan farklı olarak, akciğer ve kemiğe metastaz nadirdir. GIST'lerin yaklaşık üçte biri tesadüfen, diğer durumlar için yapılan ameliyatlar sırasında veya otopsi sırasında fark edilir [4].

Lokalize rezektabl GIST'lerde daha önceki bölümlerde de belirtildiği gibi makroskopik olarak tamamlanmış (R0 / R1) rezeksiyon standart tedavi ve tek potansiyel iyileştirici tedavi olarak bilinmektedir. GIST'ler yetişkinlerde lenf nodlarına tipik olarak yayılmadığından, lenfadenektomi gerekli değildir (5).

İmatinib öncesi dönemde, tamamen rezeke edilmiş 127 primer GIST hastasının 1., 2. ve 5. yıllarında rekürrensiz sağkalım oranları (RFS) % 83, 75 ve 63 idi. Bu çalışmada rekürrens riski artmış mitotik oran (95/50 yüksek güç alanı (HPF), hazard oranı (HR) 14.6), tümör boyutu (910 cm, HR 2.5) ve lokasyonla (ince bağırsak mideye göre HR 3.3) ve tümör rüptürü ile ilişkili olduğu bildirildi (6).

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