

25. BÖLÜM

KARACİĞER TÜMÖRLERİNDE İNTRAARTERİYEL EMBOİLİZASYON (TAKE-TARE)

Fatih DÜZGÜN¹
Mehmet KORKMAZ²

TRANSARTERİYEL KEMOEMBOİLİZASYON (TAKE)

Giriş

Girişimsel Onkolojik işlemler (GOİ), minimal invaziv yaklaşım ile kanserin tedavisini sağlayabilen prosedürleri ifade eder (1). Karaciğer tümörleri için ilk başarılı transarteriyel kemoembolizasyon (TAKE) Doyon ve ark. tarafından gerçekleştirilmiştir (2). Bir anti kanser ajanı ile birlikte embolize edici bir ajan olarak jelatin sünger ilk olarak 1983 yılında Yamada ve ark. tarafından kullanılmıştır (3). 1980'lerin başından bu yana, primer ve sekonder karaciğer tümörleri için GOİ yaklaşımları önerilmiştir ve giderek yaygınlaşmaktadır.

Karaciğer ablasyon prosedürleri ve intraarteriyel kateter aracılı karaciğer tedavileri şu anda dünya genelinde karaciğer tümörlerinde yaygın olarak kullanılmaktadır (4). Barcelona Klinik Karaciğer Sınıflandırması (BCLC) gibi sınıflandırma sistemleri, girişimsel işlemin kullanımını belirlemeye ve uygulanacak işlemin seçimini diğerine göre ayırt etmeye yardımcı olmaktadır (5,6). Bununla birlikte, seçim her zaman yönergelere göre yapılmamakta, genellikle girişimsel radyoloji mevcudiyetine, deneyimine ve ayrıca farklı teknolojilere erişimine göre değişebilmektedir (7). Bu makalede intraarteriyel tümör embolizasyon uygulamaları hakkında bilgi verilecektir.

Transarteriyel Embolizasyon Tedavileri

Transarteriyel embolizasyon tedavileri, hepatik embolizasyon (TAE) veya kemoembolizasyon (TAKE) tedavilerinden oluşur. Bu tedaviler genellikle tedavi edici tedavi mümkün olmadığında palyatif amaçla önerilmektedir. Kon-

¹ Dr. Öğr. Üyesi Fatih DÜZGÜN, Celal Bayar Üniversitesi Radyoloji AD. fatihdzn@yahoo.com

² Doç. Dr. Mehmet KORKMAZ, Kütahya Sağlık Bilimleri Üniversitesi Radyoloji AD. drmehmetkorkmaz@gmail.com

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