

BÖLÜM 3

MALİGN PERİTONEAL MEZOTELYOMA

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GİRİŞ

Mezotelyoma, plevra, periton, perikard ve testis tunika vajinalis dahil olmak üzere serozal membranların çok nadir görülen bir malignitesidir. Malign mezotelyoma olgularının, büyük çoğunluğu plevradan kaynaklanır. Periton, plevradan sonra mezotelyomanın en sık görüldüğü ikinci bölgedir. Tüm mezotelyoma alt türleri asbest ve başlıca kanserojen olan endüstriyel kirleticilerle güçlü bir şekilde ilişkilidir.

Moleküler ve klinik çalışmaların çoğu ağırlıklı olarak daha sık görülen plevral varyantı olan hastalarda yürütüldüğünden, Malign peritoneal mezotelyoma (MPM), üzerinde yeterince çalışılmamış bir hastalıktır. İki hastalığın benzer olduğu net değildir. Benzer risk faktörü asbest maruziyeti iken, plevral ve peritoneal mezotelyomaların gen ekspresyon profillerinin farklı olması ,bu ikisi arasında moleküler patogeneizde farklılıklar olduğunu düşündürür. ^(1,2)

EPİDEMİYOLOJİ VE RİSK FAKTÖRLERİ

Mezotelyoma vakalarının %7-30'unu peritoneal alt tipi oluşturur ⁽³⁻⁶⁾. Mesleki asbest maruziyetinin artması nedeniyle mezotelyoma insidansı artmaktadır. Bununla birlikte, artan vaka sayısının çoğundan plevral mezotelyoma sorumludur. Erkeklerde daha sık olarak plevral mezotelyoma görülmesine karşın, kadınlar MPM'nın yaklaşık yarısını oluşturmaktadır ⁽⁷⁻¹⁰⁾. Ortanca başvuru yaşı 51 ila 59'dur. MPM tipik olarak yetişkinlerin hastalığı olmasına rağmen, çocukluk vakaları bildirilmiştir ⁽¹¹⁻¹³⁾

Risk Faktörleri

Asbest : Asbeste maruz kalma ile mezotelyoma gelişimi arasında güçlü bir ilişki vardır. Asbestin neden olduğu MPM genellikle plevral mezotelyomaya göre daha yüksek bir kümülatif doz gerektirir ⁽¹⁴⁻¹⁶⁾ Maruz kalma süresi ve yoğunluğu, hasta-

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Pemetreksed artı karboplatin: Karboplatin , özellikle palyatif ortamda ve yaşlı hastalarda sıklıkla sisplatin yerine kullanılır⁽¹¹³⁾ .

Pemetreksed artı sisplatin ve bevacizumab : Sadece malign plevral mezotelyomalı hastalarda yürütülen büyük faz III MAPS çalışmasında, pemetreksed-cisplatin rejimine bevacizumabın eklenmesi, pemetreksed artı sisplatin ile karşılaştırıldığında hem progresyonsuz hem de genel sağkalımı iyileştirdi⁽¹¹⁴⁾ . Bevacizumab için hasta seçiminde dikkatli olunmasıyla beraber (hastalarda kötü kontrollü hipertansiyon, derin ven trombozu, yakın zamanda veya planlanmış cerrahi olmamalıdır ve hastaların performansı iyi olması gerekir) bu kombinasyon MPM'li hastalar için seçmek uygundur.

Pemetreksed artı gemsitabin , sisplatin artı irinotekan ,Gemsitabin artı sisplatin veya karboplatin plevral mezotelyomada aktif bir rejimdir, ancak peritoneal primer bölgesi olan hastalarda veri mevcut değildir⁽¹¹¹⁾ . Benzer şekilde, vinorelbin yüzde 24'lük bir tek ajan yanıt oranına⁽¹¹⁵⁾ ve daha önce tedavi edilmiş plevral mezotelyoma hastalarında yüzde 16'lık bir yanıt oranına sahiptir⁽¹¹⁶⁾ . Bu verilerin periton hastalarına uygulanabilir olup olmadığı belirsizdir, ancak bu ilaçlar sıklıkla kullanılmaktadır.

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