BÖLÜM 17

İNCE BAĞIRSAK TÜMÖRLERİ

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GİRİŞ

Gastrointestinal sistemde en geniş yüzey alanına sahip olmasına rağmen, ince bağırsaklar nadiren neoplazmalar geliştirir. Aslında, ince bağırsak tümörleri tüm gastrointestinal neoplazmların %1 ila %2'sini oluşturur (tüm neoplazmların yalnızca %0.3'ü) (1). İnce bağırsak tümörleri nadir görülmeleri, özgün belirtiler göstermemeleri nedeniyle genellikle geç tanı alan tümörler olup öncelikle malign ve benign olarak iki ana başlıkta toplanabilir(2). Malign tümörler başlıca adenokarsinomlar, nöroendokrin tümörler, lenfomalar ve sarkomlar iken benign ince bağırsak neoplazmları arasında adenomlar, hamartomlar, leiomyomlar, fibromlar ve lipomları sayabiliriz(2).

EPİDEMİYOLOJİ

Ulusal Kanser Enstitüsü'nün (NCI) 1987'de yayınlanan verilerinde en yaygın malign ince bağırsak tümörleri %45'le adenokarsinom iken ardından NET (%29), lenfoma (%16) ve sarkomlar (%10) onu takip etmekteydi (3). Zaman içerisinde bu oranlar değişmiş ve nöroendokrin tümörler ön plana çıkmıştır. Son 30 yılda ince bağırsak karsinoid tümörlerin insidansında gerçekleşen %400'lük artış ince bağırsak tümörlerinin genel insidansına da yansımıştır (4). 2000 yılında, NET'ler, Ulusal Kanser Veritabanına (NCDB) bildirilen en yaygın ince bağırsak tümörü olarak adenokarsinomları geride bırakmıştır (5). 1985-2005 yılları arasında, karsinoid tümörlerin tüm ince bağırsak kanserleri arasındaki oranı yüzde 28'den yüzde 44'e gelmiş, adenokarsinomların oranı yüzde 42'den yüzde 33'e düşmüşken sarkom ve lenfomalı hastaların oranı sabit kalmıştır (5).

İnce bağırsak tümörlerinden adenokarsinomlar duodenumda daha sık görülürken nöroendokrin tümörler ileumda daha sıktır. Bununla birlikte duodenumda da NET insidansı artmaktadır (1). Sarkom ve lenfomalar ise ince bağırsakta belli bir kısma lokalize değildir tamamında benzer şekilde görülürler (6).

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