

5. BÖLÜM

ENDOSKOPIK SUBMUKOZAL DİSEKSİYON

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Giriş

Endoskopik rezeksiyon (ER), deneyimli endoskopistler tarafından uygun endikasyonlar için yapıldığında cerrahi rezeksiyona alternatif olarak oldukça etkili olabilen premalign ve erken gastrointestinal malign lezyonlar için minimal invaziv bir tedavidir. Çok merkezli kohort çalışmalarında; cerrahiye kıyasla endoskopik tedavinin, morbidite ve mortalitede azalmaya ve üstün maliyet etkinliğine sahip olduğu gösterilmiştir (1,2). Bununla birlikte, cerrahi ve endoskopik tedavi stratejileri birbirlerini tamamlayıcı hale gelmiştir. Terapötik endoskopi 1950'lerden beri kullanılmaktadır. Yıllar içinde snare polipektomiden, endoskopik mukozal rezeksiyona (EMR) ve endoskopik submukozal diseksiyona (ESD) doğru gelişim göstermiştir.

ESD, gastrointestinal epitelyal lezyonların en blok çıkarılmasına izin veren iyi yapılandırılmış minimal invaziv tekniktir. Japonya' da ilk olarak 1999 yılında başta gastrik tümörler olmak üzere özofagial, duodenal ve kolorektal lezyonlarda yapılmaya başlanmıştır (3).

ESD için uygun hasta ve lezyon seçimi çok önemlidir. Bunun için ileri endoskopi aletleri, kromoendoskopi ve uygun lezyonlarda endoskopik ultrasonografi optimal stratejinin planlanmasına yardımcı olabilir.

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ESD zahmetli bir yöntem olmakla birlikte güvenliği, etkinliği ve maliyet avantajları nedeniyle tercih edilen minimal invaziv tedavi yöntemi olmaya devam etmelidir. Bu nedenle standartlaştırılmış bir eğitim modeli ve sertifikasyon programları sağlanmalıdır.

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