

Bölüm 15

HEPATOSELLÜLER KARSİNOM; GÖRÜNTÜLEME BULGULARI, LI-RADS ve EVRELEME

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GİRİŞ

Hepatosellüler karsinom (HCC), hepatositlerden kaynaklanan bir tümördür. Primer karaciğer tümörlerinin en yaygın olanıdır ve vakaların %75-85'ini oluşturur (1).

1.EPİDEMİYOLOJİ VE ETYOLOJİ

HCC, global insidans açısından meme, akciğer, kolorektal, prostat, serviks ve mide kanserinden sonra yedinci sıradadır. Mortalite açısından her iki cinsiyet için üçüncü sıradadır ve insidans ve mortalite oranları kadınlara göre erkeklerde 2-3 kat daha yüksektir (2).

HCC'nin başlıca risk faktörleri şunlardır: karaciğer sirozu ve kronik hepatit; kronik hepatit B virüsü (HBV) enfeksiyonu (hepatit D virüsü veya olmadan), kronik alkol kullanımıdır (1,3,4). Obezite, diabetes mellitus, metabolik sendromun artan yaygınlığı ile non alkolik steatohepatitis (NASH) sonucuna yol açarak, HCC etyolojisinde yer almakla beraber, Dünyada bölgelere göre farklılıklar bulunmaktadır.Başlıca risk faktörleri bölgeden bölgeye farklılık gösterir. Yüksek riskli HCC bölgelerinde (Çin, Doğu Afrika gibi), ana belirleyiciler kronik HBV enfeksiyonu ve aflatoksin maruziyetidir, diğer ülkelerde (Japonya, Mısır gibi) ise HCV enfeksiyonu daha baskın neden olabilir (1). 2020'de Avrupa ve Kuzey Amerika'da alkol tüketimi tüm HCC vakalarının %22'sini oluşturur (5). HCC'lerin büyük çoğunluğu siroz ve/veya kronik hepatit B enfeksiyonu olan hastalarda teşhis edilir, bu nedenle bu gruplarda tümörü erken aşamada tespit etmek için yakın takip gereklidir. Ancak HCC kronik Hepatit B enfeksiyonunda siroz gelişmeden önce de karşımıza çıkabilir (6). Pediatrik yaş grubunda ise; HBV biliyer atrezi, primer sklerozan kolanjit, Fanconi sendromu, kalıtsal tirozinemi ve glikojen depo

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