

PANKREATİK KİST AMELİYATLARI

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GİRİŞ

Görüntüleme yöntemlerinin yaygınlaşması ile pankreatik kistler daha sık tespit edilmektedir. Semptomu olmayan başka bir sebepten dolayı çekilen Manyetik Rezonans görüntülemelerin (MRI) %40-50'sinde saptanabilir.(1,2) Otopsi serileri incelendiğinde hastaların yaklaşık % 50'sinde küçük pankreatik kistler saptanabilmektedir. (3-6) Pankreatik kistler sıklığı genellikle yaş ile birlikte artış gösterir. Kistlerin saptanma sıklığı çekilen görüntüleme yöntemine göre değişkenlik göstermektedir. Ultrason ile incelemede %0,21, çok kesitli bilgisayarlı tomografide (BT) %2,6 ve manyetik rezonans inceleme- manyetik rezonans kolanjio-pankreatikografide (MRCP) %2,4-%49,1 oranında saptanmıştır. (7-9) Pankreasta görülen kistik lezyonlar psödokistler, neoplastik veya non-neoplastik kistler olarak sınıflandırılabilir (Tablo-1). Pankreatik kistlerde tedavi modaliteleri genel olarak takip, endoskopik tedaviler ve cerrahi rezeksiyon olarak üç gruptur.

Tablo 1. Pankreasta Görülen Kistik Lezyonlar

- Psödokistler
- Non-neoplastik Kistler
 - Gerçek kistler veya benign epitelyal kistler
 - Retansiyon kistleri
 - Müsinöz non-neoplastik kistler
 - Lenfoepitelyal kistler
- Neoplastik kistler
 - Seröz kistik tümörler
 - Müsinöz kistik neoplaziler
 - İntraduktal papiller müsinöz neoplaziler
 - Solid psödopapiller neoplaziler

Neoplastik lezyonlardan malignite için yüksek risk içeren lezyonlarda cerrahi rezeksiyon altın standart tedavi yöntemidir. Tedavi malignite riskine, semptomların varlığına ve lezyonun lokalizasyonuna göre şekillenir (10). Aynı zamanda doğru tanının tedavi şeklinin belirlenmesi aşamasında rolü çok önemlidir. Çünkü, asemptomatik olduğu sürece non-neoplastik kistler tedavi gerektirmezken, premalign karakteristik gösteren kistlerin rezeksiyonu gerekmektedir. Bu lezyonların be-

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