BÖLÜM 10

KARACİĞER KİTLELERİNDE ABLATİF TEDAVİLER

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GİRİŞ:

Günümüzde karaciğer (KC) tümör ablasyonu primer ve sekonder karaciğer tümörlerinde rutin bir tedavi seçeneği olarak kabul edilmektedir. Radyofrekans ablasyon (RFA) ve mikrodalga ablasyon (MDA) en yaygın kullanılan ve kabul görmüş yöntemlerdir. Bunlar dışında irreversible elektroporasyon (IRE) gibi yeni teknikler hızlı bir şekilde kullanılmaya başlanmıştır.

Geleneksel cerrahi rezeksiyon oldukça başarılı sonuçlar sağlamıştır. Ancak, geniş tümör yükü, altta yatan KC hastalığı ve diğer komorbiditeler nedeniyle cerrahi birçok hasta için uygun bir seçenek olmayabilir. Görüntüleme kılavuzluğunda teknolojik evrim, KC tümörlerinde küratif ve palyatif tedaviler için güvenilir ve etkili alternatifler sağlamıştır. Bu bölümde termal ve non-termal ablasyon yöntemlerinin karaciğer tümörlerinde kullanımı tartışılacaktır.

2.1. ENDİKASYONLAR:

2.2. HEPATOSELÜLER KARSİNOM (HCC)

Primer KC kanseri, hepatosit tipi, kolanjiyosit tipi ve karışık tip olmak üzere üç patolojik tipe ayrılır ve bunların en yaygını hepatosellüler karsinomdur (HCC). Vakaların %80'inden fazlasını oluşturan HCC'ler, dünyadaki en yüksek morbidite ve mortaliteye sahip kanserlerden biridir. Birçok ülkede (gelişmekte olan ve gelişmiş ülkeler dahil) HCC insidansı yıldan yıla artmaktadır. HCC'nin ilk semptomları tipik değildir ve tanımlanması oldukça zordur. Hastaların çoğu, ileri aşamada tanı alır ve bu kötü prognozun nedenlerinden biridir. Ayrıca HCC intrahepatik metastaz ve nükse yatkındır ki bu durum tedavide büyük güçlükleri beraberinde getirir (1).

Hastaları iki gruba ayırmak için çeşitli evreleme sistemleri mevcuttur: erken, sınırlı hastalığı olanlar ve daha ilerlemiş, yaygın hastalığı olanlar. Sınırlı hastalığı olan hastalarda (erken ve çok erken HCC olarak da adlandırılır), tek bir tümörün veya daha küçük boyutlarda (≤ 3 ila 5 cm) sınırlı sayıda tümörün (genellikle üçten az) varlığı genellikle küratif olarak kabul edilir. Ablasyon, cerrahi rezeksiyon veya karaciğer nakli gibi tedaviler; altta yatan iyi kompanse edilmiş KC sirozu olan hastalar için 60 aydan fazla genel bir sağkalım sağlayabilir (2).

HCC için termal ablasyon, minimal invaziv bir şekilde gerçekleştirilen mükemmel sonuçlar nedeniyle birçok HCC tedavi kılavuzunda küratif bir tedavi seçeneği olarak kabul edilmektedir. Son on yılda, birçok kohort ve karşılaştırma-

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Amerika ve Avrupa hepatoloji topluluklarının güncel kılavuzları, ablasyonun belirli durumlarda önerildiğini belirtmektedir. Örneğin, küçük çaplı HCC'lerde (3 cm'den küçük) RFA veya MDA birinci basamak tedavi olarak kabul edilirken, daha büyük veya daha zor konumlandırılmış tümörler için farklı tedavi kombinasyonları önerilmektedir. KC metastazlarında, özellikle de kolorektal kanser metastazlarında, ablasyon tedavisi cerrahiye uygun olmayan hastalar için bir seçenek olarak sunulmaktadır. Ablasyon, cerrahiye kıyasla daha az invazivdir ve karaciğer parankimini korur, bu da özellikle çoklu bilobar metastazları olan hastalar için önemlidir. Benign karaciğer tümörleri için de ablasyon tedavisi uygulanabilir. Örneğin, büyük hepatik hemanjiomlar veya hepatoselüler adenomlar gibi bazı durumlarda, semptomları hafifletmek veya komplikasyon riskini azaltmak için ablasyon önerilebilir. Sonuç olarak, ablasyon tedavisi, karaciğer tümörlerinin tedavisinde cerrahiye bir alternatif olarak giderek daha fazla kabul görmekte ve çeşitli klinik durumlarda etkili bir tedavi seçeneği olarak önerilmektedir. Bununla birlikte, hangi ablasyon tekniğinin kullanılacağına dair kesin bir rehber olmadığı için, her hasta için tedavi seçeneklerinin bireysel olarak değerlendirilmesi gerekmektedir.

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