BÖLÜM 120

KİSTİK PANKREAS HASTALIKLARI

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DOI: 10.37609/akya.3785.c426

GİRİŞ

Görüntüleme yöntemlerinin ve yaşam süresinin artması ile birlikte pankreatik kistlerin insidansı %40-50'lere dayanmıştır (1,2). Kullanılan görüntüleme yöntemleri ile birlikte tespit edilen pankreatik kist oranı değişmekle birlikte manyetik rezonans kolanjiopankreatografide (MRCP) oran %49'lara varmaktadır (3). Pankreas kistleri neoplastik ve non-neoplastik olmak üzere ikiye ayrılırlar. Pankreas kistik hastalıkları, benign bir durumdan malign hastalığa kadar geniş bir yelpazede karşımıza çıkmakla birlikte aralarında ayırım yapmak güç ancak önemlidir (4). Yapılan çalışmalarda neoplastik kistlerin malignleşme ihtimalinin yıllık %0,24 arttığının gösterilmesi ve tedavi modalitelerinin değişmesi nedeniyle nedeniyle pankreas kisti saptanmasıyla birlikte neoplastik ve non-neoplastik kistlerinin ayrımı yapılmalıdır (5).

Non-neoplastik kistler içerisinde gerçek kist, pankreas asiner kistik transformasyonu, retansiyon kisti, lenfoepitelyal kist, müsinöz non-neoplastik kist ve psödokist bulunmakla birlikte karşımıza en sık psödokistler çıkmaktadır (6). Psödokistler epitelyum içermezler. Genellikle hastalar akut ya da kronik pankreatit öyküsüne sahiptirler. Çekilen bilgisayarlı tomografi ya da manyetik rezonans görüntülemede septa, lokülasyon, solid komponent ve kist duvarı kalsifikasyonunun olmaması psödokist lehinedir (7) (Resim 1).

Resim 1. *Bilgisayarlı Tomografide aksiyel kesitte görülen psödokist.*

Neoplastik kistler arasında seröz kistik neoplazmlar (SKN), müsinöz kistik neoplazmlar (MKN), İntraduktal papiller müsinöz neoplazi (IPMN) ve solid psödopapiller neoplazi (SPN) yer almaktadır. IPMN'ler ana kanal tutulumlu, yandal tutulumlu ve mixt tip olmak üzere üçe ayrılırlar. Neoplastik kistler, demografik veri, görüntüleme

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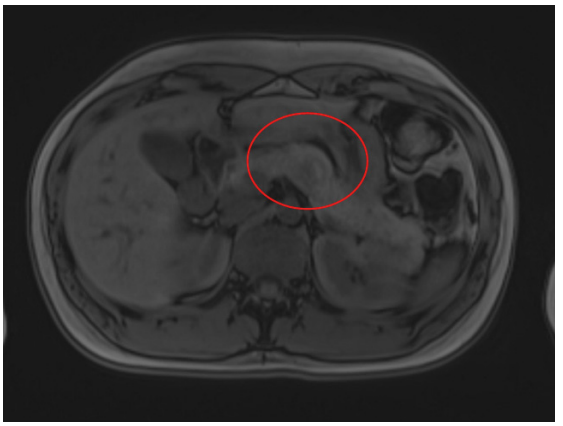

Resim 4. *Pankreas gövde kesiminde kistik açıklıklar barındıran 23x21 mm boyutunda SPN.*

Metastatik davranış ve lokal tekrarlama olasılığı nedeniyle tedavi cerrahi rezeksiyondur. Mümkün olduğunda senkron veya aralıklı metastazların rezeksiyonu da önerilir (43,46). Birçok kurumsal incelemede tüm hastalarda tam rezeksiyondan sonra 5 yıllık sağ kalım %100 elde edilmiştir (44). Metastatik hastalık varlığında bile uzun süreli sağ kalım bildirilmiştir (34,45).

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