BÖLÜM 74

GASTROİNTESTİNAL SİSTEMDE ENDOSKOPİK MUKOZAL REZEKSİYON (EMR) VE ENDOSKOPİK SUBMUKOZAL DİSEKSİYON (ESD)

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GİRİŞ

Tüm dünyada yapılan endoskopik tetkiklerin artmasıyla birlikte, endoskopik rezeksiyon endikasyonu olan lezyonların görülme sıklığı da belirgin bir şekilde artmıştır. Bu artış hem tanısal hem de terapötik amaçlarla gerçekleştirilen endoskopik işlemlerin yaygınlaşmasıyla ilişkilidir. En sık rastlanılan lezyonlar arasında erken gastrik kanserler öne çıkmakla birlikte, gastrik, özofageal ve kolorektal displastik lezyonlar ile özofageal ve kolorektal erken kanserler de artan oranlarda saptanmaktadır. Bu lezyonların daha sık tespit edilmesi, endoskopik rezeksiyon uygulamalarının da giderek artmasına neden olmuştur (1-3). Mevcut kılavuzlara göre, endoskopik rezeksiyon için uygun hastalarda lenf nodu metastazı riskinin düşük olması gerekmektedir. Bu, endoskopik rezeksiyonun başarısını ve hastanın prognozunu etkileyen önemli bir faktördür (4).

Endoskopik rezeksiyon terimi, endoskopik mukozal rezeksiyon (EMR) ve endoskopik submukozal diseksiyon (ESD) tekniklerini kapsamaktadır. EMR, genellikle pedinkülsüz veya düz bir lezyonun snare rezeksiyonu ile çıkarılmasını içerir. Bu teknik, daha küçük ve yüzeysel lezyonlar için uygundur. Öte yandan, ESD, lezyonları submukozadan diseke etmek için özel endoskopik aletler kullanarak daha büyük ve daha derin lezyonların çıkarılmasını sağlar. ESD, daha büyük lezyonların en-bloc olarak çıkarılmasına olanak tanıyarak, patolojik değerlendirme için daha iyi örneklem sağlar ve lokal nüks riskini azaltır.

Endoskopik rezeksiyon, üst veya alt gastrointestinal sistemde saptanan mukozal ve submukozal neoplastik lezyonların (displastik adenomlar, karsinoma in-situ, intramukozal karsinomlar) özel bıçaklar kullanılarak eksizyonu yöntemidir (5-6). Bu teknikler hem tanısal hem de terapötik olarak kullanıldığında, lezyonların tam olarak çıkarılması ve daha ileri patolojik değerlendirme için örnekleme imkânı sunar. İlk olarak Japonya'da erken mide karsinomlarının tedavisi için geliştirilen bu rezeksiyon teknikleri, zamanla kolorektal ve özofagus lezyonlarının tedavisinde de kullanılmaya başlanmıştır (7).

İlk geliştirilen teknik olan EMR, genellikle daha küçük ve yüzeysel lezyonların çıkarılması için kullanılırken, daha büyük ve kompleks lezyonların çıkarılması ihtiyacı doğduğunda ESD yöntemi geliştirilmiştir (8-10). ESD yöntemi ile lezyonlar boyutlarından bağımsız olarak en-bloc çıkarılabilmekte, böylece daha iyi prognoz ve daha düşük

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