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GİRİŞ

Gastrointestinal Stromal Tümörler (GİST) Tanımı ve Genel Bakış

Gastrointestinal stromal tümörler (GİST), gastrointestinal sistem boyunca görülebilen mezenkimal kökenli, interstisyel Cajal hücrelerinden türediği düşünülen nadir görülen neoplazmlardır. Cajal hücreleri, gastrointestinal sistemde otonom sinir sistemi ile enterik sinir sistemi arasındaki sinyalleri ileten pacemaker hücreleridir. Diğer mezenkimal tümörlerden ayrı olarak GİST'ler bir tirozin kinaz reseptörü olan CD117 (c-kit)'in pozitif ekspresyonu ile karakterizedir (1). Gastrointestinal sistemde özellikle mide (%60-70) ve ince bağırsaklarda (%20-30) bulunup malign olma potansiyelleri de vardır ve metastaz yapabilirler (2). Bu tümörlerin temel patofizyolojik özelliği, KIT proto-onkogenindeki mutasyonlar nedeniyle meydana gelen sürekli aktif tirozin kinaz sinyalleşmesidir (3). GİST'lerin malign potansiyelinin belirlenmesinde tümörün boyutu, mitotik aktivitesi ve anatomik yerleşimi gibi faktörler kritik rol oynar (4).

GİST'lerin Keşfi ve Sınıflandırılması Üzerine Tarihsel Perspektif

Gastrointestinal stromal tümörlerin tanımlanması ve sınıflandırılması, patoloji alanında önemli bir köşetaşıdır. İlk olarak 1980'lerde tanımlanan bu tümörler, başlangıçta yanlışlıkla leiomyomlar veya leiomyosarkomlar gibi diğer mezenkimal tümörler olarak sınıflandırılmıştır (5). Ancak 1998 yılında Hirota ve arkadaşlarının çalışması, GİST'lerin KIT mutasyonlarına sahip olduğunu ve bu nedenle farklı bir tümör grubu olarak ele alınması gerektiğini ortaya koymuştur (1).

GİST'lerin moleküler biyolojisine dair yapılan araştırmaların sonucunda 2000'li yılların başlarında, bu tümörler için spesifik tedavi yöntemleri geliştirilmiştir. Özellikle, imatinib mesilat gibi tirozin kinaz inhibitörlerinin (TKİ) kullanımı, GİST tedavisinde devrim niteliğinde bir değişiklik oluşturmuştur (6). GİST'lerin doğru sınıflandırılması, doğru tedavi yaklaşımlarının seçilmesinde hayati öneme sahiptir ve bu da GİST'lerin klinik yönetiminde önemli bir adım olarak kabul edilir.

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