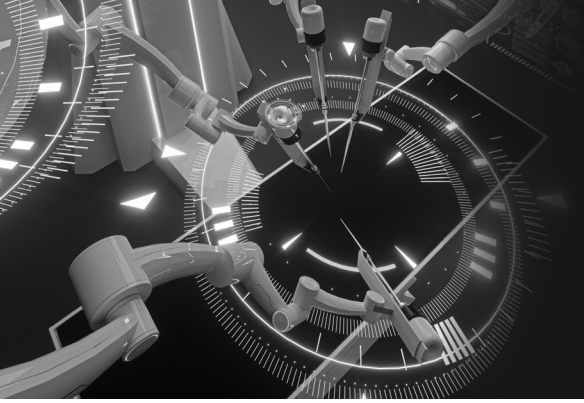

Bölüm
21

ENDOSKOPİ YARDIMLI ONKOPLASTİK MEME CERRAHİSİ

Barış MANTOĞLU[1]

GİRİŞ

Tarihsel olarak, modifiye radikal mastektomi, ameliyat edilebilir meme kanserini tedavi etmek için tercih edilen yöntemdi[1]. Bununla birlikte, son birkaç on yılda cerrahi tekniklerde bir dizi ilerleme kaydedilmiştir ve şimdi meme koruyucu cerrahi (MKC), özellikle erken evre hastalığı olan kadınlarda meme kanseri tedavisi olarak giderek daha fazla kullanılmaktadır[2,3]. Sentinel lenf nodu biyopsisi (SLNB) artık çoğu hastada uygulanmakta ve böylece klinik nod negatif hastalarda aksiller lenf nodu diseksiyonu (ALND) ihtiyacını ortadan kaldırıabilmektedir[4]. Meme cerrahisi alanındaki bir diğer önemli gelişme, hacim kaydırıcı veya hacim replase edici teknikleri kullanılarak geniş tümör eksizyonunu hemen kısmi meme rekonstrüksiyonu ile birleştiren bir meme koruyucu teknik olan onkoplastik meme cerrahisinin (OMC) geliştirilmesi olmuştur[5,6]. Bununla birlikte, özellikle büyük tümörleri veya çok merkezli lezyonları olan kadınlar olmak üzere bazı hastalarda mastektomi hala endikedir[7]. Neyse ki, bu alandaki son gelişmeler artık hemen meme rekonstrüksiyonu (IBR) ile meme başı koruyucu mastektominin (NSM) yapılmasına izin vermekte[8,9], ve bu durum geleneksel mastektomiden çok daha iyi kozmetik sonuç ve yaşam kalitesi sağlamaktadır[10].

Endoskopik (veya laparoskopik) cerrahi, göze çarpmayan bölgelere gizlenmiş küçük yaralardan yapıldığı için kozmetik sonucu optimize eden bir teknik

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