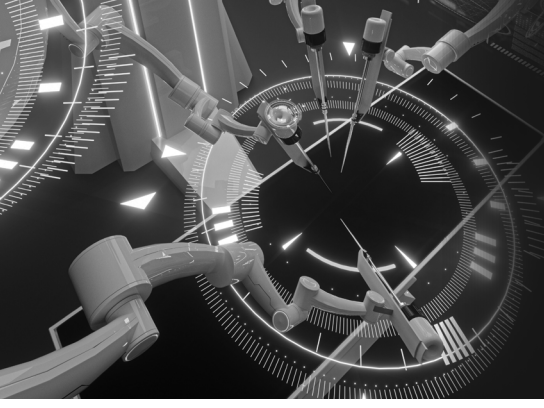




Bölüm

30

KARIN DUVARI TÜMÖRLERİNE YAKLAŞIM

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GİRİŞ

Karın duvarı tümörleri, desmoid tümörler, yumuşak doku sarkomları ve metastatik lezyonlardan oluşur. Her üç antitede de temel tedavi rezeksiyon ve sonrasında oluşan defektin onarılmasıdır. Rezeksiyon sırasında hem cerrahi sınırların negatifliği sağlanmalı hem de onarılabılır en küçük boyutta defekt oluşması için rezeksiyon sınırlı tutulmalıdır. Bunu sağlamak için klinisyenlerin karın duvarı anatomisine hakim olması elzemdir.

Karın Duvarı Anatomisi

Karın duvarı, üstte sternumun ksifoid çıkıntısı ve kosta kenarlarından başlar alta iliak ve pubik kemiklere kadar devam eder(1). Lateralde lomber vertebralara dek uzanır. Lomber vertebralar bir çok karın duvarı yapısı için yapışma ve bağlantı noktası olarak fonksiyon görür.

Karın duvarını abdominal kaslar ve bu kasların tendon ve fasyaları oluşturur. Karın kasları solunuma yardımcı olur, miksiyon, defekasyon, öksürme ve doğum gibi atıcı-çıkartıcı durumları kontrol eder. Ayrıca sırt kasları ile birlikte çalışarak gövdeyi fleksiyon ve ekstansiyona getirmek, belden döndürmek ve sertleşerek iç organları korumak gibi fonksiyonları mevcuttur(2).

Karın duvarının katmanlı bir yapısı vardır, 9 tabakadan oluşur. Bunlar yüze-yelden derine doğru; cilt, ciltaltı, superfisial fasya, eksternal oblik kas, internal

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tasyon riski açık cerrahideki insizyon yerine olan risk ile farklı değildir(51). Yumuşak dokuya metastaz yapma ihtimali olan tümörler, akciğer, kolon, melanom ve renal hücreli tümörlerdir. Primer karın duvarı kitlelerinde de olduğu gibi ağrısız, asemptomatik kitle olarak ortaya çıkarlar. İmmunhistokimyasal inceleme, primer tümöre işaret eder.

SONUÇ

Karın duvarına maligniteleri desmoid tümörler, yumuşak doku sarkomları ve metastatik lezyonlardır. Desmoid tümörlerde cerrahi tedavi esastır, cerrahi sınırların negatif olması prognozu önemli ölçüde etkiler. Cerrahi sonrası hormone terapi, non-steroid anti inflamatuvarlar, kemoterapötik ajanlarla tedavi desteklenir. Yumuşak doku sarkomları bir çok histolojik alt tipi içermektedir. Cerrahi tedavi negatif cerrahi sınırlarla rezeksiyonu içermekle birlikte, kemoterapotiklerin seçimi histolojik alt tipe göre olmaktadır. Radyoterapi hasta özelinde değerlendirilerek uygulanmaktadır. Güncel çalışmalar, hedefe yönelik tedavi ajanlarının da sarkomlarda fayda sağlayabileceğini ortaya koymuştur. Karın duvarındaki metastatik lezyonlar altta yatan maligniteye göre multidisipliner bir yaklaşımla tedavi edilmelidir.

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