



Bölüm

39

TRANSANAL ENDOSKOPIK MİKROCERRAHI

Sümevra GÜLER¹
Ahmet SEKİ²

GİRİŞ

Transanal Endoskopik Mikrocerrahi(TEM) ilk olarak 1980' lerin başında Gerhard Buess tarafından minimal invaziv cerrahinin ışığında başlangıçta benign rektal hastalıkların tedavisi için sunulmuştur(1). Küçük adenomlar fleksible endoskop ile eksize edilirken; rektumdaki daha büyük polipler için geleneksel olarak transanal eksizyon, teknik zorluklar nedeniyle orta ve üst rektum adenomlarında ise radikal rezeksiyon tercih edilmekteydi. TEM ilk olarak bu lezyonlar için alternatif bir tedavi olarak tasarlanmıştır. Fleksible endoskopik rezeksiyona uygun olmayan bu transanal polipoid doku rezeksiyonu, lezyonları uygun hastalarda önceleri distal rektumla sınırlıydı. Bu teknik ilk tanımlandığında konvansiyonel laparoskopik aletler kullanılmaktaydı ve hem endikasyonları hem de orta/üst rektumdaki patolojik numunenin çıkarılma başarısı parça parça eksizyon, pozitif sınır ve yüksek nüks oranları gibi nedenlerle sınırlamalara sahip idi(2). Buess bu sorunu çözmek için özel bir cerrahi rektoskop ve buna uygun aletler geliştirmiş; binoküler görüş ve 3 boyutlu görselleştirme sayesinde rektumda çok daha hassas ve doğru şekilde çalışma yapılabilir hale gelmiştir(3). Sonraki on yılda da, erken evre rektum kanserinin yönetiminde rol oynayabileceği üzerine çalışmalar başarıyla yapılmış ve ortaya çıkmasından bu yana TEM benign rektal

¹ Uzm. Dr., Ankara Mamak Devlet Hastanesi, Genel Cerrahi Kliniği, guler.sumeyra@yahoo.com

² Uzm. Dr., Sağlık Bilimleri Üniversitesi, Ankara Dışkapı Yıldırım Beyazıt Eğitim ve Araştırma Hastanesi, Gastroenteroloji Cerrahisi, draseki2004@hotmail.com

yonlarının ve tamamlama prosedürlerinin azaltılmasına yardımcı olacaktır. Bu alan tümör biyolojisi daha iyi anlaşıldıkça hızla gelişmektedir.

TEM son yıllarda kolorektal cerrahlar tarafından artan sıklıkta benimsenmeye devam edilmektedir. Öğrenme eğrisinin güçlüğü ve yüksek kurulum maliyetine rağmen minimal invaziv cerrahi tekniği ve 3 boyutlu yüksek çözünürlüğü rektumun benign ve malign neoplazmlarının rezeksiyonunda koloproktoloji için oldukça önemli bir kaynak sağlar. TEM tek başına erken evre rektum kanserinde sağlam onkolojik sonuçlarla birlikte daha düşük morbidite, daha kısa iyileşme süresi, yüksek başarı oranı ve daha iyi fonksiyonel sonuçlar ortaya koymaktadır. Neoadjuvan tedavilerle kombine lokal eksizyon endikasyonu arttıkça, hem erken hem daha ileri rektum kanserinin yönetimindeki rolü de artmaktadır. Devam eden araştırmalar preoperatif yüksek riskli tümörleri tanımamızı, neoadjuvan tedaviden fayda görme ihtimalini ve küratif tedavinin daha doğru seçilmesini kolaylaştıracaktır. Ayrıca yakın gelecekte kolorektal operasyonlara dahil edilecek transanal NOTES için sağlam bir zemin oluşturacağı düşünülmektedir.

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