

Bölüm 4

HEPATOSELLÜLER KANSERİN TANI VE EVRELEMESİ

Ayfer SERİN¹

HEPATOSELLÜLER KANSER TANI VE TAKİP TESTLERİ

Amerikan Karaciğer Araştırmaları Derneği (American Association for the Study of Liver Diseases) (AASLD) (1) kılavuzlarında Hepatosellüler kanser (HCC) oluşumu açısından riskli kişilerin tarama ve teşhis teknikleriyle incelenmesi önerilmektedir. Karaciğer Görüntüleme ve Raporlama Sistemi (Liver Imaging Reporting and Data System) (LI-RADS) ultrasonları tarama testi olarak kullanılmasını, gelişmiş ultrason, bilgisayarlı tomografi (BT), magnetik rezonans görüntüleme (MRI) ile teşhis tetkiki olarak kullanılmasını önermektedir (2)LI-RADS HCC açısından yüksek riskli hastaların (3-12) saptanması açısından ileri tetkik için değerlendirme kriterleri tanımlanmıştır, bu kriterler hastanın sirotik olması, non sirotik kronik Hepatit B enfeksiyonunun (HBV) olması veya non sirotik hastalarda güncel veya öncesinde bilinen HCC olmasıdır. Vasküler hastalıklara bağlı (Budd chiari sendromu, hereditör hemorajik telenjiyektazi, kardiyak siroz, nodüler rejeneratif hiperplazi) sirotik hastalarda, konjenital hepatik fibrozise bağlı gelişen siroz ve pediatrik hastalarda HCC görülme riski düşüktür ve bu hastalar HCC açısından yüksek riskliliklerden dışlanma kriterlerini oluşturur (13,15). AASLD kılavuzları-

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