BÖLÜM 17

Primer Karaciğer Kanserleri

Hakan CANBAZ[1]

Giriş

Vücutta gelişen orijinal veya ilk tümör olarak tanımlanmaktadır (1). Kansere dönüşen kontrolsüz hücre çoğalmasının vücutta ilk olarak başladığı yer primer kanser odağı olarak tanımlanmaktadır. Primer karaciğer kanserleri, hepatositler ve safra yolu epiteli hücreleri başta olmak üzere karaciğerin yapısında bulunan diğer dokulara (damar, sinir, lenfatik, yağ ve bağ dokusu) ait hücrelerin malign tümörlerini de içermektedir.

Dünya Sağlık Örgütü'nün (WHO) 2020 yılı verilerine göre karaciğer kanserleri her iki cinsiyet ve tüm yaş gruplarında yeni olgular bakımından %4,7'lik oranla (905.677 olgu) tüm kanserler içinde altıncı sırada, kansere bağlı ölümlerde ise %8,3'lük oranla (830.180 ölüm) üçüncü sırada yer almaktadır. Hastalığın insidansı 9,5/100000, mortalitesi 8,7/100000'dır. Erkeklerde kadınlara göre daha fazla oranda (E/K: 14,1/5,2) görülmektedir. Dünyadaki hastaların %72,5'i, mortalitenin %73,3'ü Asya kıtasında görülmektedir (2).

Primer Karaciğer Kanser Tipleri

Karaciğerin yapısını oluşturan tüm hücre gruplarından kanser gelişebilmektedir. Karaciğer kütlesinin %60-80'ini hepatositler oluşturmaktadır (3), yapısında hepatositlerin yanı sıra safra yolu epiteli hücreleri ve mezenkimal hücreler de bulunmaktadır. Primer karaciğer kanserlerinin en sık görülenleri, hepatositlerden köken alan hepatoselüler kanser (HSK) (%75-85) ve kolanjiositlerden köken alan intrahepatik kolanjiokarsinom (İKK) (%10-15) olmakla birlikte az oranda diğer kanser tipleri de görülmektedir (4, 5).

Sirotik karaciğerlerdeki ve nonsirotik kronik karaciğer hastalıklarındaki displastik odaklar ve displastik nodüller prekanseröz lezyonları içermektedir. Displastik nodüller histomorfolojik olarak düşük ve yüksek dereceli şeklinde sınıflanmaktadır (6). Yüksek dereceli displastik nodüller HSK'nin öncüsü olarak kabul edilmektedir (7). Kanser gelişmiş olan nodül ve hepatositlerde histopatolojik olarak farklılıklar görülebilmektedir, bunlar

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fazla görülenlerdir. Tanıda temel olarak çok kesitli görüntüleme yöntemlerinden (BT ve MRG) yararlanılmaktadır. Hastaların tedavisinin planlanmasında kullanılmak üzere türetilmiş çok sayıda skorlama ve evreleme sistemi bulunmaktadır. Cerrahi rezeksiyon ve karaciğer transplantasyonu hastalara uygulanacak başlıca küratif tedavi seçenekleridir. Primer karaciğer kanserli hastaların tedavi yönetimi geniş kapsamlı multidisipliner ekip değerlendirmesi ile yapılmalıdır.

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