BÖLÜM 23

Safra Yolları Kanserlerinde Tanı ve Cerrahi

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Giriş

Kolanjiokarsinom nadir bir tümördür. GİS kanserlerinde %3 oranındadır. Erkeklerde sıklığı kadınlardan fazladır (1:1,2-1,5). Asyalılar (özellikle güneydoğu Asya) beyazlardan ve siyahlardan neredeyse 2 kat daha fazla etkilenir. Genellikle orta ve ileri yaştaki bireyleri etkiler. Kolanjiokarsinomlu hastaların çoğunluğu bilinen veya şüphelenilen risk faktörlerinden herhangi birine sahip değildir ve çoğu ileri evre hastalık ile başvurur (1-3).

Kolanjiokarsinom, biliyer kanal epitelinden köken alan, agresif davranışlı ve kötü prognozlu bir malign neoplazmdır. Safra yolu epitelinden kaynaklanan adenokarsinomların genel adıdır. Safra kesesi ve Ampulla Vater dışında kalan intrahepatik, perihiler veya ekstrahepatik (distal) safra yollarından köken alan kanserler kolanjiokarsinom olarak adlandırılır. Ekstrahepatik kolanjiokarsinom (EKK), perihiler ve distal kolanjiokarsinomu içerir (1-3).

Kolanjiokarsinomların yaklaşık %5-10'u intrahepatiktir ve karaciğer parankimindeki periferik safra kanallarından ya da hepatik kanalların sağ ve sol kısımlarının birleşme yerinin proksimal kısmının intrahepatik kanallarından kaynaklanır. Karaciğerin primer tümörleri gibi tedavi edilir. Rezektabl intrahepatik kolanjiokarsinomlu hastaların %40'ından azı 5 yıldan fazla hayatta kalırken, rezeke edilemeyen hastalığı olanlar tipik olarak 12 aydan daha az hayatta kalırlar (1-4).

Perihiler kolanjiokarsinom tüm kolanjiokarsinomların %60-80'inden sorumludur. Periduktal infiltre tip kolanjiokarsinom en yaygın morfolojik tiptir. Klaskin tümörleri, ortak hepatik kanal bifurkasyonunu tutan tümörlerdir. Perihiler kolanjiokarsinom için Bismuth-Corlette sistemi; sınıflama, safra yollarına tümörün yerleşimine göre seviye ve yaygınlığı hakkında bilgi verir (2, 4).

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