



BÖLÜM 24

Safra Kesesi Kanserlerine Güncel Cerrahi Yaklaşım

Recep ÇAĞLAR¹

Epidemiyoloji

Safra kesesi kanseri safra yolları kanserleri içerisinde en sık görülen, gastrointestinal sistem kanserleri içinde ise 5. sırada yer alan, nadir görülen, genellikle geç tanı konan ve kötü prognozlu tümörlerdir (1). Safra kesesi kanseri, coğrafi dağılımı ve demografik özellikleri yönünden farklılık gösterir. Amerika Birleşik Devletleri (ABD), Singapur ve Nijerya'da insidansı düşük iken, İsrail, Şili, Polonya, Japonya'nın bazı bölgeleri, Hindistan'ın kuzeyi, Bolivya ve Meksika'da ise insidansı yüksektir. Amerikan yerlileri ve Alaskalılarda 6-10 kez daha sık görülmektedir. Beyaz ırkta siyahlara göre daha sıktır (2). Türkiye'de safra kesesi kanseri insidansı 1.7 / 100.000'dir ve ABD'ye oldukça benzerdir (3).

Safra kesesi kanseri görülme sıklığı ileri yaşlarda artma eğilimindedir ve yedinci dekatta pik yapar. Kadınlarda erkeklerden 2-6 kat daha sık görülür (4). Safra kesesi kanser-

rinden ilk kez 1777 yılında Viyana'da Maximilian Stoll bahsetmiştir (5).

Etiyopatogenez

Safra kesesi kanseri için kolelitiazis, porselen safra kesesi, safra kesesi polipleri, kronik salmonella enfeksiyonu, konjenital safra kistleri ve anormal pankreatikobiliyer kanal bileşmesini içeren kronik inflamasyonla ilişkili çeşitli durumlar risk faktörleri olarak kabul edilir (6).

Kolelitiazis, safra kesesi kanserinde en önemli etiyolojik faktördür. Patogenezde muhtemelen mukozal irritasyonun kronik inflamasyona neden olduğu tahmin edilmektedir. Kolelitiaziste safra kesesi kanseri insidansı %0.3 ile %3 arasındadır (7, 8). Safra kesesi kanserli olguların %75-90'ında birlikte kolelitiazis olmasına rağmen, kolelitiazisli olguların yalnızca %1'inde kanser gelişme riski mevcuttur (9).

¹ Genel Cerrahi/ Gastroenterolojik Cerrahi Uzmanı, Mersin Şehir Eğitim Araştırma Hastanesi, rcagllarr@gmail.com

pik stentleme uygulamasıdır. Gastrik çıkış obstrüksiyonu, ileri evre safrası kesesi kanserli hastaların %30 kadarında görülür ve palyatif gastrojejunostomiden fayda görebilir (43).

Sağkalım

Rezeksiyon sonrası sağkalımı etkileyen en önemli prognostik faktörlerler; Orijinal lezyonun T evrelemesi, LN tutulumunun kapsamı, metastaz ve sarılıktır (52).

AJCC (Amerikan Cerrahlar Koleji Ulusal Kanseri Veri Tabanından) elde edilen verilere göre, safrası kesesi kanserli hastalarda 5 yıllık sağkalım oranları; Evre 0'da %80, Evre I'de %50, Evre II'de %28, Evre IIIA'da %8, Evre IIIB'de %7, Evre IVA'da %4 ve Evre IVB'de %2'dir (73).

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