BÖLÜM 25

Periampuller Bölge Kanserleri

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Giriş

Büyük çoğunluğunu pankreas başı kanserlerinin oluşturduğu periampuller kanserler, papilla vateri bölgesinde yer alan ana pankreas kanalı, ampulla, distal koledok ve duodenum ikinci kıta bölümünü içeren kanserler olarak tanımlanır (1). Ampulla bölgesi anatomik olarak karmaşık bir yapı olup safra kanalı, pankreas kanalı ve duodenumun birleştiği kompleks bir yapıdan oluşur. Histolojik olarak pankreas, biliyer, ampuller ve duodenal karsinom arasındaki ayrım basittir. Ancak başvuru şikayet ve semptomları aynı olduğundan küçük tümörler hariç, kaynaklandığı bölgenin belirlenmesi zor olabilir (2, 3). Pankreatikoduodenektomi (PD) sonrası histolojik incelemelerde en sık tespit edilen pankreas kanseri olup, bu bölge kanserlerinin alt tiplemesinde temel olarak genomik ve moleküler farklılıklar vardır (4, 5). Bu anatomik ilişki nedeni ile histopatolojik incelemede farklı epitel tipleri ayırt edilebilir. Bu tümörleri; pankreas başı tümörler (%60-70), duodenal adenomlar-karsinomlar (%10), ampuller karsinomlar (%10-20) ve distal koledok kolanjiokarsinomları (%10) oluşturur (6, 7). Johns Hopkins'de periampuller kanser için rezeke edilen 2564 hastanın çoğunluğunu pankreas kanseri (%66), bunu ampuller (%16), biliyer (%12) ve duodenum (%6) kanserleri izler (8). Periampuller tümörlerin histolojik tipinin ne olduğu çoğu zaman ameliyat öncesi kesin olarak belirlenemez. Periampuller tümörlerin karmaşık heterojenliği nedeni ile moleküler biyolojik düzeyde daha fazla deşifre etmek için gelecekte daha ileri çalışmalar gerekli olduğu aşikardır.

Bu bölümün odak noktası, periampuller malignitelerin çoğunluğunu oluşturan pankreasın periampuller duktal adenokarsinomunun cerrahisidir. Birincil hedef, mevcut cerrahi tedavi standardını sunmak ve multimodal tedavi konseptlerinin artan etkisi altında yeni cerrahi stratejilerini tartışmaktır. Cerrahi ve multimodal tedavinin çoğu yönü için periampuller pankreas karsinomu için spesifik veri

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cerrahi teknikler, rezeke edilebilir hastaların yüzdesinde artışa neden olabilir. Öte yandan, preoperatif ortamda neoadjuvan kemoterapi kullanımını değerlendiren ön veriler umut verici görünmektedir. Bu ilerlemelere ve yeniliklere rağmen, çoğu hasta başvuru sırasında küratif tedaviye aday olmadığı için pankreas kanseri ölümcül olmaya devam etmektedir. Özellikle erken teşhiste daha fazla çalışmaya ihtiyaç vardır. Pankreas kanserinin erken teşhisini kolaylaştıracak bir biyobelirtecin keşfi, hasta yönetimini ve prognozunu büyük ölçüde etkileyecektir.

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