BÖLÜM 32

# Rektum Kanseri ve Cerrahisi

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## Giriş

Rektum kanseri insidansı Avrupa Birliği ülkelerinde yılda yaklaşık 125000 vaka iken rektum kanserleri toplam kolorektal kanserlerin %35'ini oluşturmaktadır ve yıllık vaka sayısı 15-25/100000'dir (1). Türkiye'de ise kolorektal kanserler her iki cinsiyette de üçüncü sıklıkta görülen kanserlerdir, rektum kanseri ise kolorektal kanserlerin %40'ını oluşturur (2).

Kolorektal kanserlerin insidansı 2001-2010 yılları arasında %3,4 azalmıştır (3). Rektum kanserinin tedavi sonrası takiplerinde başarı oranı son yıllarda önemli derecede gelişme göstermiştir. 5 yıllık sağ kalım oranı 1975 ve 1977 yılları arasında %48 iken; 2003 ve 2009 yılları arasında ise %68'e yükselmiştir (4). Bu gelişimin olmasında öncelikle rektum kanseri tedavisinin köşe taşı olan cerrahi tekniklerin teknolojik gelişmeler doğrultusunda gelişmesi, tedavi sürecinin multidisipliner ekipler tarafından yönetilmesi; radyoloji, nükleer tıp, medikal onkoloji ve radyasyon onkolojisi alanında olan gelişmeler sayesinde olmuştur. Ayrıca kanser tarama testlerindeki farkındalık da erken tanı sağlayarak mortalite oranlarını azaltmaktadır.

## Tanı

Rektum kanseri tanısı detaylı bir hasta öyküsü sonrası yapılan rektal muayene ile başlar ve kolonoskopik yöntemlerle alınan doku örneğinin histopatolojik inceleme sonrası değerlendirilmesiyle kesin tanı konulur. Tablo 1'de rektum kanserinde tanısal araçlar gösterilmiştir.

**Tablo 1. Primer rektum kanserinde tanısal araçlar**

| Parametre | | Tanısal yöntem |
|---|---|---|
| Tümörün yeri (anal kanala uzaklık) | | Rektal tuşe, sigmoidoskopi |
| Patoloji | | Biyopsi |
| Klinik T evresi | erken | ERUS, MRI |
| | orta, ileri | MRI, ERUS |
| Sfinkter tutulumu | | MRI, ERUS |
| Klinik N evresi | | MRI, CT, ERUS |
| M evresi | | Thoraks ve abdomen tomografisi, üst abdominal MRI, PET |

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organları (erkeklerde prostat ve seminal veziküller, kadınlarda uterus, yumurtalıklar ve vajina) dahil olmak üzere tüm pelvik organların çıkarılması şeklindedir (75). Kısmi bir pelvik ekzenterasyon, rezeke edilen organ veya yapılara bağlı olarak anterior, posterior, supralevator veya kompozit olabilir. Rektum kanseri için bir multiviseral rezeksiyon sıklıkla posterior veya supralevator kısmi pelvik ekzenterasyon gerektirir. Pelvik eksantarasyon ilk olarak 1948'de tekrarlayan servikal karsinomun palyatif tedavisi için tanımlanmıştır (76).

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