



## BÖLÜM 33

# Kolorektal Kanserlerde Sitoredüktif Cerrahi ve Hipertermik İntraperitoneal Kemoterapi

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### Giriş

Periton, kolon kanserinde üçüncü, rektum kanserinde ise dördüncü en sık metastaz bölgesidir (1). Periton metastazları (PM) diğer bölgeler ile karşılaştırıldığında daha düşük genel sağkalım ile ilişkilidir (2, 3). Kolorektal kanserlerde (KRK) peritoneal metastazlar Ulusal Kapsamlı Kanser Ağının (The National Comprehensive Cancer Network=NCCN) 8. Baskısında TNM (T:Tümör, N:Lenf nodu, M:Metastaz) evrelemesinde pM1c olarak sınıflandırılmıştır (4). Metastatik kolorektal kanserlerin yaklaşık %17'sine periton metastazı eşlik eder, %2 hastada ise sadece peritoneal metastaz saptanır. Periton metastazı saptanan hastaların progresyonsuz sağkalım ve genel sağkalımları, periton metastazı saptanmayanlara göre daha kötüdür (5, 6).

### Peritoneal Karsinomatozis İçin Risk Faktörleri

Kolorektal kanserlerde peritoneal karsinomatozis için çeşitli risk faktörleri tanımlanmıştır; tümörün pT4 olması, sağ kolonda yerleşmesi, infiltratif ve ülseroinfiltratif olması, müsinöz adenokarsinomlar, taşlı yüzük hücre histolojisi, 70-75 yaş altı hasta, obstrüksiyon olması, tanı anında perforasyon olması, lenf nodu metastazı ve cerrahi sınır pozitifliği (7-9). ( Tablo. 1)

**Tablo 1. Kolorektal kanserlerde peritoneal karsinomatozis için risk faktörleri**

İleri T evresi (pT4)
Lenf nodu metastazı
Kolon kaynaklı olması( rektal orijine göre)
Kötü diferansiyasyon
Müsinöz adenokarsinom
Taşlı yüzük hücre histolojisi
Genç yaş
Obstrüksiyon ve/veya perforasyon
İnkomplet primer tümör rezeksiyonu

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