

Sağ kolon ve sol kolon ; iki farklı organa nasıl yaklaştım?

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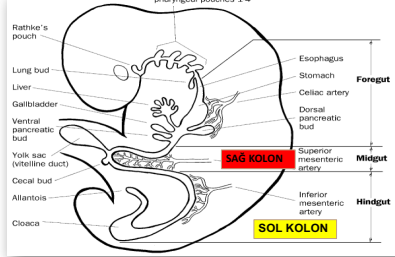


Sağ kolon ve sol kolon farklı mı?

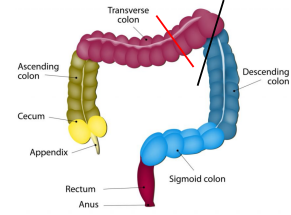
1. Embriyoloji
2. Fizyoloji
3. İçerikler
4. Epidemiyoloji
5. Klinik
6. Moleküler biyoloji



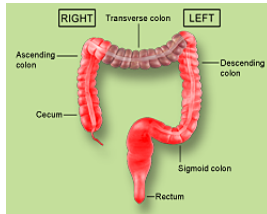
Embryoloji



Embryoloji



Fizyoloji

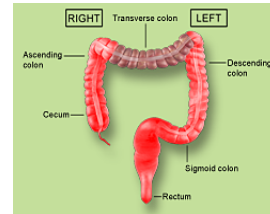


Sağ kolon

- Elektrolitler
- Safra asitleri
- Su
- Butirat

The ASCRS Textbook of
Colon and Rectal Surgery

Fizyoloji



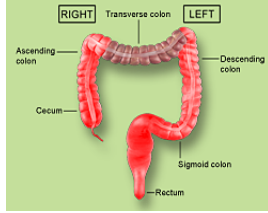
Sol kolon

Boşaltımdan önce lümen içi bileşiklerin dengelendiği son yerdir. Gaytanın beklediği depo yeridir.

The ASCRS Textbook of
Colon and Rectal Surgery



Fizyoloji



Rektum

Emilim kapasitesi çok az veya hiç yoktur.

Anal Sphincter Complex
Management: Perianal and the Clinical Approach

İçerikler –safra asiti (SA)

- Besinlerin sindirimi ve emilimi ile elektrolitten, sindirelemeyen nişastadan ve SA'dan yoğun sıvı kolona geçer.
- Aneoroblar → nişastadan kısa zincirli yağ asitleri vitamin K sentezi safra asitlerinin pasif emilimi
- Yağdan zengin ve liften fakir diyetle beslenme SA konsantrasyonunu 10 kat artırır.
- Çekumda, SA yoğunluğu sol kolona kıyasla 10 kat daha fazladır.
- Pasif emilim sırasında DNA hasarına neden olabilir.

Bleier JIS, Wilkins KB. Colonic physiology. Text Book of Colon and Rectal Surgery 2016.

Epidemiyoloji

	SAĞ KOLON KANSERİ	SOL KOLON KANSERİ
GİNSİYET	KADIN	ERKEK
YAŞ	İLERİ YAŞ	
KOMORBİDİTE	DAHA SIK	
DIFFERANSİYASYON	KÖTÜ- MÜSİNÖZ	
METASTAZ	PERİTONEAL	KC-AC
BAŞVURU	ABDOMİNAL SEMPTOMLAR	HİSTOPATOLOJİ SONUCU İLE
ÇOKLU ORGAN REZEKSİYONU		DAHA SIK
ACİL VAKALAR		DAHA SIK
PERİOPERATİF MORBİDİTE	DAHA SIK	
HASTANE MORTALİTESİ		
LOKAL İLERİ HASTALIK	DAHA SIK	

Benedix F, et al. Comparison of 17,641 Patients With Right- and Left-Sided Colon Cancer: Differences in Epidemiology, Perioperative Course, Histology, and Survival. 2010 DCR

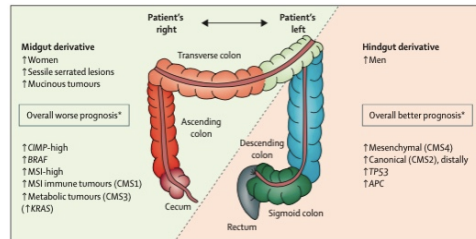
Klinik

SAĞ KOLON	SOL KOLON
LÜMEN GENİŞ → KARIN BULGULARI	LÜMEN DAR → TIKANMAYA AİT BULGULAR
ANEMİYE AİT BULGULAR	BAGIRSAK ALIŞKANLIĞINDA DEĞİŞİME
	KANLI GAYTA

Moleküler biyoloji

SAĞ KOLON CA	SOL KOLON CA
MSI, BRAF, CIMP, KRAS	KROMOZOMAL İNSTABİLİTE
DİPLOİD	ANÖPLOİD
MÜSİNÖZ ADENOCA, SESİL SERRATED ADENOM	TUBULAR, VİLLÖZ ADENOCA
DÜZ MORFOLOJİ	POLİPOİD MORFOLOJİ
YÜKSEK İMMÜNOJENİK, YÜKSEK T HÜCRE İNFLTRASYONU	DÜŞÜK İMMÜNOJENİK
PERİTONEAL KARSİNOMATOZİS	KC-AC METASTAZI
EVRE I VE II'DE DAHA İYİ PROGNOZ	EVRE III VE IV'DE DAHA İYİ PROGNOZ
İMMÜNÖTHERAPİYE DAHA İYİ YANIT	STANDART VE HEDEFLENMİŞ KT'YE DAHA İYİ YANIT

Baran B, Ozupek NM, Tetik NY, Acar E, Bekcioglu O, Baskin Y. Difference Between Left-Sided and Right-Sided Colorectal Cancer: A Focused Review of Literature. Gastroenterol Res. 2018;11(4):264-273



Dekker E, et al. Colorectal Cancer. 2019 Lancet.

Nasıl yaklaşalım?

1. Embriyoloji
2. Fizyoloji
3. İçerikler
4. Epidemiyoloji
5. Klinik
6. Moleküler biyoloji
7. Cerrahi

Lokalizasyona göre

Kolon kanseri

Transverse colon 10%

Ascending colon 30%

Descending colon 15%

Sigmoid colon 25%

Rectum 20%

SAĞ KOLON **SOL KOLON**

MCA

RCA

ICA

SMA

Carcinoma

SMA

Marginal

LCA

Carcinom

1

2

3

4

5

6

IMA

SMA

LCA

Ascending Colon

Rectum

ORIGINAL CONTRIBUTION

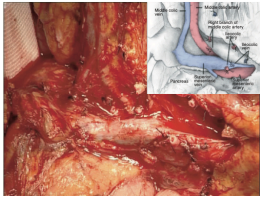
Variations in the Vascular Anatomy of the Right Colon and Implications for Right-Sided Colon Surgery

Mehmet Ayhan Kuru, M.D.¹ • Erkin İsmail, M.D.^{1*} • Safa ÇelİK, M.D.^{1*}
 Muhammed Fırat Şahin, M.D.^{1*} • Mehmet Ali Güneş, M.D.^{1*}
 Werner Hochberger, M.D.^{1*} • Halil Ibrahim Açı, M.D.^{1*}

ORIGINAL CONTRIBUTION

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Original article doi:10.1133/11463-1338-2008-01730-x

Standardized surgery for colonic cancer: complete mesocolic excision and central ligation – technical notes and outcome

W. Hohenberger*, K. Weber*, K. Matzel*, T. Papadopoulos† and S. Merkel*

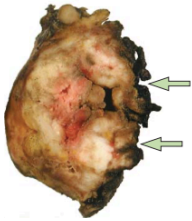

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Received 3 August 2008; accepted 6 October 2008

Pathology grading of colon cancer surgical resection and its association with survival: a retrospective observational study  *Lancet Oncol 2008; 9: 857-65*

Nicholas P West, Eve J A Morris, Okunola Rotimi, Alison Cairns, Paul J Finan, Philip Quirke



Muscularis propria

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Intramezocolik





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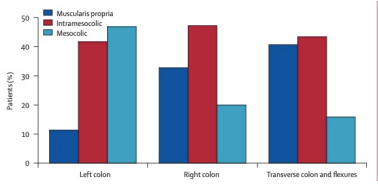
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Mezocolik






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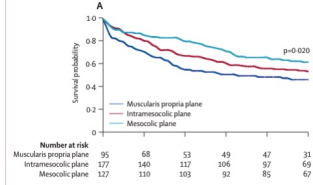


Location	Muscularis propria (%)	Intramezocolic (%)	Mesocolic (%)
Left colon	~12	~42	~46
Right colon	~32	~48	~20
Transverse colon and flexures	~40	~44	~16




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Number at risk

Time (months)	0	12	24	36	48	60
Muscularis propria plane	95	68	53	49	47	31
Intramezocolic plane	277	140	127	106	97	69
Mesocolic plane	127	110	103	92	85	67




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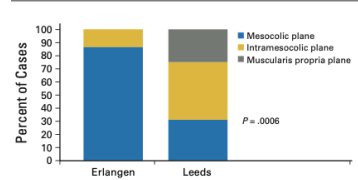
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Sağ kolon rezeksiyonlarında



Location	Mesocolic plane (%)	Intra-mesocolic plane (%)	Muscularis propria plane (%)
Erlangen	100	0	0
Leeds	35	65	0

P = .0006

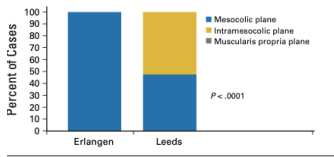
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Sol kolon rezeksiyonlarında



Location	Mesocolic plane (%)	Intra-mesocolic plane (%)	Muscularis propria plane (%)
Erlangen	100	0	0
Leeds	50	50	0

P < .0001

Açık vs minimal invazif cerrahi



Sonuç

- Kolon kanseri multidisipliner olarak değerlendirilmeli
- Cerrahi, onkolojik prensiplere uyularak yapılmalı
- Anatamik varyasyonlar sağ kolonda daha sıktır.
 - Sağ kolonun onkolojik açık ve minimal invazif cerrahisi sola göre daha zordur.

