



# Karcinom crvuljka

## Appendix Cancer

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### Apstrakt

Apendiks hirurzi često nazivaju „velikim lažovom”, jer simptomi bolesti mogu da podsećaju na brojna stanja, kao što su upale i ciste jajnika, žučne kese, kamena u bubregu itd. Slepog creva je cevasta vrećica dugačka oko 4 inča, nalik prstu, koja se pričvršćuje na prvi deo debelog creva.

Karcinom crvuljka je redak oblik karcinoma koji raste u slepom crevu. Polovina slučajeva je pronađena kod osoba koje su imale operaciju zbog akutnog zapaljenja crvuljka, dok je druga polovina otkrivena tokom CT dijagnostike nepoznatih stanja crvuljka, a veoma mali broj prilikom ginekoloških operacija. Tumori crvuljka se smatraju podtipom neuroendokrinog karcinoma srednjeg creva, koji može nastati u jejunumu, ileumu, slepom crevu ili crvuljku. Ovi tumori nastaju iz ćelija sličnih enterohromafinu u zidu creva i često proizvode serotonin. Učestalost javljanja tumora crvuljka je jako mala i na nivou je od 0,16 do 1 osobe na 1000 stanovnika, ali postoji i procena da je oko 2–9 osoba na million obolelo od ovog oblika raka. Postoje podaci koji pokazuju malu dominaciju kod osoba ženskog pola. Prosečna starost pacijenata je 38–48 godina.

Faktori rizika za nastanak bolesti su: anemija i nedostatak vitamina B12, atrofički gastritis ili dugotrajna upala sluznice želuca, pušenje, nasleđe.

Simptomi su: nadimanja i nadutost trbuha, hronični ili jaki bolovi u stomaku, nelagodnost u donjem delu trbuha, opstrukcija creva, proliv, gubitak apetita, otok trbuha uzrokovan nakupljanjem tečnosti u trbušnoj duplji, masa ili tumor jajnika kod žena.

Tumori crvuljka mogu biti benigni – nekancerozni ili zloćudni – kancerozni, ili prema vrsti mogu biti karcinoidi, adenokarcinoidni i tumori peharastih ćelija crvuljka, koji sporo rastu, počivaju u crvuljku i predstavljaju pola do dve trećine slučajeva. Obično ne izazivaju simptome, osim ako se šire na druge organe. Adenokarcinom crvuljka se javlja u 10% slučajeva raka debelog creva i razvija se na crvuljku, u blizini debelog creva. Nekarcinoidni tumor crvuljka počinje u zidu crvuljka i stvara gustu, lepljivu supstancu – mucin. Adenokarcinom koloidnih ćelija je najređi, ali i najagresivniji oblik raka debelog creva. Adenomi i nemukozni karcinomi se dešavaju veoma retko.

Klinička slika može biti bez simptoma ili može izazvati nejasne simptome koji se često lako zamenjuju sa drugim bolestima, sve dok se ne razvije ozbiljni problem.

Tumori crvuljka, kao i pseudomiksomi peritoneuma zahtevaju urgentno, pre svega operativno lečenje, koje može biti dopunjeno hemioterapijom. U mnogim slučajevima lečenje uključuje citoreduktivnu operaciju uz hipertermičnu intraperitonealnu hemoterapiju. Lekovi se zagrevaju do temperature koja dostiže telesnu

### Abstract

Surgeons often call the appendix the “big deceiver”, because the symptoms of the disease can resemble many conditions, such as inflammation and cysts of the ovaries, gall bladder, kidney stones, etc. The appendix is a tubular bag about 4 inches long, like a finger, that attaches to the first part of the large intestine.

Carcinoma of the appendix is a rare form of cancer that grows in the appendix. Half of the cases were found in people who had surgery due to acute inflammation of the vermilion, while the other half were discovered during CT diagnostics of unknown conditions of the vermilion, and a very small number during gynecological operations. Colon tumors are considered a subtype of midgut neuroendocrine carcinoma, which can arise in the jejunum, ileum, appendix, or colon. These tumors arise from enterochromaffin-like cells in the intestinal wall and often produce serotonin. The incidence of ringworm tumors is very low and is at the level of 0.16 to 1 person per 1,000 inhabitants, but there is also an estimate that about 2 - 9 people per million are affected by this form of cancer. There are data that show a slight predominance of females. The average age of patients is 38-48 years.

Risk factors for the onset of the disease are anemia and lack of vitamin B12, atrophic gastritis or long-term inflammation of the stomach lining, smoking, and genetics.

Symptoms are abdominal bloating and flatulence, chronic or severe abdominal pain, lower abdominal discomfort, bowel obstruction, diarrhea, loss of appetite, abdominal swelling caused by fluid accumulation in the abdominal cavity, and ovarian mass, or tumor in women.

Tumors of the worm can be benign - non-cancerous or malignant - cancerous, or according to the type they can be carcinoid, adenocarcinoid, and goblet cell tumors of the worm, which grow slowly, rest in the worm, and represent half to two-thirds of cases. They usually do not cause symptoms, unless they spread to other organs. Adenocarcinoma of the colon occurs in 10% of colon cancer cases and develops on the colon, near the colon. A non-carcinoid tumor of the worm begins in the wall of the worm and produces a thick, sticky substance - mucin. Colloid cell adenocarcinoma is the rarest, but also the most aggressive form of colon cancer. Adenomas and non-mucous carcinomas occur very rarely.

The clinical picture can be symptomless or it can cause vague symptoms that are often easily confused with other diseases until a serious problem develops.

Tumors of the worm, as well as pseudomyxomas of the peritoneum, require urgent, first of all, operative treatment, which can be supplemented with chemotherapy. In many cases, treatment involves cytoreductive surgery with hyperthermic intraperitoneal chemotherapy. Medicines are heated to a temperature that



temperaturu pacijenta. Lokalna hemoterapija podrazumeva da hirurg ubacuje cevčicu u trbušnu šupljinu pacijenta kako bi omogućio da se hemoterapija primenjuje direktno na ciljano mesto. Sistemska hemoterapija podrazumeva da se tretmani primenjuju per os ili intravenozno. Za izuzetno retke slučajeve ovih tumora, sa udaljenim metastazama, razmatranje hirurškog lečenja je razumno, ako su metastatske lezije ograničene i mogu se ukloniti. Ovo je sporo rastući, indoletni tip tumora, tako da metastasektomija može pružiti korist i povećati mogući ukupan rizik preživljavanja, iako to nije definitivno prikazano. Za opsežne, neopozive metastaze u jetri ili kod pacijenata koji nisu sposobni za operaciju, pokazalo se da analozi somatostatina poboljšavaju preživljenje bez napredovanja bolesti.

reaches the patient's body temperature. Local chemotherapy involves the surgeon inserting a tube into the patient's abdominal cavity to allow the chemotherapy to be administered directly to the target site. Systemic chemotherapy means that treatments are administered per os or intravenously. For the extremely rare cases of these tumors, with distant metastases, consideration of surgical treatment is reasonable, if the metastatic lesions are limited and can be removed. This is a slow-growing, indolent type of tumor, so metastasectomy may provide benefits and possibly increase overall survival risk, although this has not been definitively shown. For extensive, unresectable liver metastases or in patients unfit for surgery, somatostatin analogs have been shown to improve progression-free survival.