



Savremeni onkološki pristup u lečenju metastaza u jetri

Modern Oncological Approach in the Treatment of Liver Metastasis

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Apstrakt

Metastatski karcinom jetre i metastaze u jetri nisu sinonimi. Dok je metastatski karcinom jetre uznapredovala faza bolesti koja je započela u jetri i proširila se na druge delove tela, metastaze u jetri čine maligne ćelije tumora drugih tkiva i organa koje su metastazirale u jetru.

Jetra je omiljeno mesto metastaza. To se objašnjava činjenicom da jetra ima razgranatu vaskulaturu, pre svega vensku (v. porte) kao i arterijsku (a. hepatica) i obrađuje 1,5 litara krvi u minuti. Najčešće hematogene metastaze u jetri su metastaze karcinoma kolorektuma, dojke, pankreasa, želuca, jednjaka, pluća i dojke. Nisu retke metastaze melanoma i neuroendokrinih tumora.

Donošenje odluke o vrsti tretmana zavisi od:

- primarnog tumora,
- lokalizacije metastaza,
- broja metastaza,
- veličine metastaza,
- postojanja metastaze u drugim organima,
- specifične onkološke terapije koju je pacijent već primao,
- očuvanosti funkcionalnog kapaciteta jetre (Chikd-Pugh skor).

Pristup terapiji metastaza u jetri mora biti multidisciplinarnan. Cilj multidisciplinarnog tima je da prikupi sve neophodne medicinske informacije i da na osnovu njih, uzimajući u obzir i mišljenje pacijenta u vezi sa terapijom, donese odluku o administraciji adekvatne terapije.

U radu će biti prikazana savremena onkološka terapija: radioterapija, sistemska hemioterapija, biološka terapija, kao i njihove kombinacije.

Abstract

Metastatic liver cancer and liver metastases are not synonymous. While metastatic liver cancer is an advanced stage of the disease that starts in the liver and spreads to other parts of the body, liver metastases are malignant cells from tumors of other tissues and organs that have metastasized to the liver.

The liver is a favorite location for metastases. This is explained by the fact that the liver has a branched vasculature, primarily venous (v. porte) as well as arterial (a. hepatic), and processes 1.5 liters of blood per minute. The most common hematogenous liver metastases are colorectal, breast, pancreatic, stomach, esophagus, lung, and breast cancer metastases. Metastases of melanoma and neuroendocrine tumors are not rare.

Deciding on the type of treatment depends on:

- Primary tumor
- Localization of metastases
- Number of metastases
- The size of metastases
- Are there any metastases in other organs
- Specific oncological therapy that the patient has already received
- Preservation of the functional capacity of the liver (Chikd-Pugh score).

The approach to the therapy of liver metastases must be multidisciplinary. The goal of the multidisciplinary team is to collect all the necessary medical information and, based on it, take into account the patient's opinion regarding the therapy, and make a decision on the administration of adequate therapy.

The paper will present modern oncology therapy: radiotherapy, systemic chemotherapy, and biological therapy, as well as their combinations.

