

İNGUİNAL BÖLGE TÜMÖRLERİ

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GİRİŞ

İnguinal bölge karın ön duvarının alt kısmında lokalizedir. Sınırları inferior-da uyluk, medialde pubik tüberkül, superolateralinde spina iliaca anterior superior tarafından oluşturulur. İnguinal bölge anatomik olarak 2 subgruba ayrılır: inguinal kanal ve femoral üçgen. İnguinal bölgedeki patolojik durumlar 5 majör grupta incelenir: konjenital anomaliler, konjenital olmayan fıtıklar, vasküler anomaliler, infeksiyöz ve enflamatuar durumlar ve neoplazmlar. İnguinal bölge tümörleri burada bulunan çeşitli yapılardan köken alabilir. Çoğu malign tümörleri sarkomlar oluşturmaktadır. İnguinal bölge kitlelerinin ayırıcı tanısında hematoma, abse, varikosel, hava, bağırsak, hidrosel, protezler, herni, femoral arter anevrizması, lenfadenopatiler gibi inguinal bölgede kitle etkisi oluşturabilen nedenler akla gelmelidir.

BENİGN İNGUİNAL BÖLGE TÜMÖRLERİ

Lipom

İnguinal bölgenin en sık benign tümörüdür. Ultrasonda lipom hiperekoid kitle olarak görülür ve liposarkomdan ayırt edilmesi oldukça güçtür. Spermatik kord

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SONUÇ

İnguinal bölge tümörleri benign, malign ve metastazlar olmak üzere 3 ana grupta incelenmiştir. Bu grupların belirlenmesi yapılacak olan tedavi şeklini belirlediğinden oldukça önemlidir. İnguinal bölgedeki kitlelerin doğru tedavisi için ayırıcı tanılarının bilinmesi gereklidir. Ayırıcı tanı amacıyla fizik muayene, görüntüleme yöntemleri ve biyopsi yapılması kuvvetle önerilmektedir.

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