

FİBROEPİTELYAL TÜMÖRLER

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GİRİŞ

Dünya Sağlık Örgütü (DSÖ)'nün son sınıflamasında Fibroepitelyal Tümörler (FEPT), Hamartom (H), Fibroadenom (FA) ve Filloides tümör (FT) konu başlıkları altında tanımlanmıştır. Memenin fibroepitelyal tümörleri, bifazik neoplazmlar olup epitelyal ve stromal (mezenkimal) bileşenlerden oluşur. Fibroepitelyal tümörler fibroadenomlar (basit / konvansiyonel, sellüler ve mikst) ve periduktal stromal tümör ile benign, borderline (sınırdaki) ve malign filloides tümörleri kapsar. Hamartomlar net fibroepitelyal tümörler olmamakla birlikte, fibroadipoz stromada lobüler bezlerle sınırlı ve FEPT ile benzerlik gösteren lezyonlardır. FEPT genellikle palpe edilebilen, hareketli, ağrısız kitleler şeklinde ortaya çıkar (1).

Fibroadenomlar genellikle genç yaşta ortaya çıkar ve daha küçük olup filloideslerden daha fazla görülür (1). FA hormon duyarlılığına bağlı olarak; siklik boyut değişikliği, nadiren ağrı, hamilelik sırasında ve menopoza sonrasında boyutta artış gösterebilir. FT genellikle semptomatik olup boyutları daha büyüktür ve kısa bir süre içinde hızla büyüyebilir. Hamartomlar ise ergenlikten sonra herhangi bir zamanda ortaya çıkabilir ve

farklı boyutlarda görülebilir (1). Klinik olarak asemptomatik fibroadenomlar, filloid tümörler ve hamartomlar radyolojik olarak tespit edilebilir. Fibroadenomlar tipik olarak uzun süredir var olan yuvarlak, mamografide kaba kalsifikasyonlar içeren lobüle kitleler şeklinde tespit edilir. Ultrasonografide, FEPT sıklıkla hipoekoiktir ve filloideslerde akustik gölgeler görülür. Hamartomların görüntüleme özellikleri ise salgı bezleri, fibröz, myomatöz ve adipöz doku karışımına göre değişkenlik gösterir (1).

Fibroepitelyal tümörlerde epitelyal ve stromal komponentlerin çoğalması intrakanaliküler (prolifere stroma tarafından sıkıştırılmış, yarık benzeri benign duktusların olduğu) ve perikanaliküler (stromanın benign tubüler duktuslar etrafında olduğu) tip histolojik paternlere yol açar. Bu paternler genellikle bir arada bulunur ve klinik önemi yoktur (1).

FT, stromal yaprak benzeri görünümle sonuçlanan abartılı ve belirgin bir intrakanaliküler büyüme paterni gösterir; stromal hiperselülaritenin eşlik ettiği geniş stromal yapraklar tanısaldır. Fibroepitelyal bir lezyonun FT olarak kabul edilmesi için stromal özellikler önem arz eder. Atipi,

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