BÖLÜM 8

MALİGN EPİTELYAL TÜMÖRLER -I

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GİRİŞ

İnvaziv Meme Karsinomu (İMK); memenin glandüler elemanlarının oluşturduğu geniş ve heterojen bir grup malign epitelyal neoplazmı temsil eder (1). Bu tümörlerin morfolojik olarak tanımlanmış birçok alt tipi mevcuttur ve kitabın bu ve bir sonraki bölümünde detaylı olarak tartışılacaktır. Ancak önemli olan bir başka nokta; morfolojik tiplendirme yanı sıra tümörde izlenen immün belirteçlerin esas alındığı ikinci bir tiplendirmenin varlığıdır. Bu tiplendirme tedavide önem arz eder ve tümörün östrojen reseptörü (ER) ve Erb-B2 reseptör tirozin kinaz 2 (ERBB2, HER2) durumuna göre yapılmaktadır. Bu alt tiplendirmeye göre memenin epitelyal tümörleri dört ana başlıkta sınıflanabilir (1).

1. ER pozitif, HER2 negatif
2. ER pozitif, HER2 pozitif
3. ER negatif, HER2 pozitif
4. ER negatif, HER2 negatif

Lokalizasyon

Meme kanserlerinin büyük bir çoğunluğu (%90) üst dış kadranda daha sık görülmekle beraber memenin herhangi bir kadranında genellikle tek odakta görülür (2). Hastaların %2'sinde senkron, kontralateral tümör bulunmaktadır (3).

Klinik özellikler

Düzenli tarama yöntemleri kullanılmayan popülasyonlarda İMK'nın en sık belirtisi palpabl kitledir. Bunun yanı sıra deri çekintisi, meme başı inversiyonu, meme boyutu ya da şeklinde değişiklik, nadir vakalarda ise deri ülserasyonu görülebilir. Tarama yöntemleri uygulanan popülasyonlarda ise meme kanserinin en önemli belirtisi kalsifikasyonun da eşlik edebileceği spiküle kitledir (1).

Epidemiyoloji

Meme kanseri, kadınlarda görülen kanserlerin %24'ünü oluşturur ve kadınlarda en sık görülen kanser tipidir. Dünya genelinde kadınlarda görülen kansere bağlı ölümlerin de en sık nedenidir (4). Son yıllarda düşük gelirli ve orta gelirli ülkelerde İMK insidansı artış göstermekteyken 2000'li yılların başında yüksek gelir seviyeli, Amerika Birleşik Devletleri, Kanada, İngiltere, Fransa ve Avusturalya gibi ülkelerde insidansın düştüğü

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Prognoz

Müsinöz karsinomun 5 yıllık hastalıksız yaşam oranı çok yüksektir ve çok düşük oranda lokal veya uzak rekkürens görülür. Ancak >%50 oranında mikropapiller patern içeren MK'un prognozunun daha kötü olabileceği akılda tutulmalıdır (87).

MÜSİNÖZ KİSTADENOKARSİNOM

Müsinöz kistadenokarsinom; intrasitoplazmik müsin içeren yüksek kolumnar hücrelerin döşediği kistik yapılar içeren invaziv meme karsinomudur. Pankreatobilier veya ovaryan müsinöz kistadenokarsinoma benzerlik gösterir. Ortalama 3 cm tümör çapı içeren (0,8-19 cm) kitle şeklinde prezente olurlar. Literatürde çok nadir görülen bir tümör olarak tariflenmiştir. Yaklaşık 30 adet olgu bildirilmiş olup bunların büyük çoğunluğu Asyalı kadınlarda tariflenmiştir (88,89).

Histopatoloji

Müsinöz kistadenokarsinom; stratifikasyon, tomurcuklanma ve papiller yapılar oluşturan yüksek kolumnar hücreler ile döşeli kistik boşluklar ile karakterize bir tümördür. Neoplastik hücrelerin nükleusları bazalde dizilim gösterir ve hücreler intrasitoplazmik müsin içerirler. Sitolojik atipi değişkenlik gösterir (88). Müsinöz karsinom ve enkapsüle papiller karsinomdan ayrımı yapılmalıdır. Olguların çoğu ER, PR ve ERBB2(HER2) negatiftir (88,90). HER2 pozitif az sayıda olgu da bildirilmiştir (91,92,93). CK7 pozitif ve CK20 negatif olmaları metastatik pankreatobilier müsinöz kistadenokarsinomdan ayrımını kolaylaştırır.

Prognoz

Genellikle iyi prognoza sahiptirler, literatürde bildirilen olgulardan 4'ünde lenf nodu metastazı da mevcuttur ve bu oran ile lenf nodu metastazı sık olarak kabul edilmemektedir. Takip süresi kısıtlı olmakla birlikte henüz uzak metastaz tanımlanmamıştır. Yaygın yüksek dereceli DKIS' ın eşlik ettiği tek bir olguda lumpektomiden 8 yıl sonra lokal rekürrens bildirilmiştir (90).

SONUÇ

Kadınlarda görülen tüm kanserlerin %24 'ünü temsil eden İMK'un tanımlanması, prognostik faktörlerin belirlenmesi, hastalığın yönetimi için çok kıymetlidir. Tanı, sitoloji, kor biyopsi veya eksizyonel biyopsi materyalinin patolojik değerlendirmesi sonucunda konulur. Ancak doğru tanı için tümör tiplerine ait histomorfolojik ve immünohistokimyasal verileri birlikte değerlendirmek gereklidir. Buna rağmen bazı olgularda ayırıcı tanı yine güçlük oluşturabilir. Dolayısı ile patolojik değerlendirme tanı için esas olsa da hastalığın yönetimi için yeterli olmayacaktır. Hastalığın doğru yönetilebilmesi için multidisipliner yaklaşım esastır. Memenin epitelyal tümörlerinin patolojik tanısı için WHO klasifikasyonu esas alınır. Bu kitapta memenin epitelyal tümörleri birbirini takip eden iki bölüm halinde, tanıda dikkat edilmesi gereken önemli noktalara değinilerek tartışılmıştır. Tümörün histopatolojik özellikleri yanı sıra, makroskobik, klinik ve radyolojik bulguların birlikte değerlendirilmesi ayırıcı tanıların dışlanarak, doğru tanıya ulaşılmasını kolaylaştıracaktır.

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