

REAKTİF, İNFLAMATUAR LEZYONLAR VE BENİGN EPİTELYAL PROLİFERASYONLAR

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GİRİŞ

Memenin reaktif ve inflamatuvar lezyonları sıklıkla biyopsi gerektirmeden tedavi edilen ve rastlantısal olarak başka nedenlerle alınan biyopsi örneklerinde karşımıza çıkan lezyonlardır. Benign epitelyal proliferasyonlar ise zaman zaman hem klinik hem de radyolojik olarak malignitelerle karışabileceğinden maligniteleri dışlamak için histopatolojik incelemeye ihtiyaç duyan lezyonlar olarak karşımıza çıkarlar. Bu bölümde ilk olarak reaktif ve inflamatuvar lezyonlara, takiben benign epitelyal proliferatif lezyonlara değineceğiz.

REAKTİF VE İNFLAMATUAR LEZYONLAR

BİYOPSİ YERİ DEĞİŞİKLİKLERİ

Yapılan önceki biyopsiye ait değişiklikler mede en sık karşılaşılan reaktif lezyonlardır. Kanama, yağ nekrozu, granülasyon dokusu, fibröz doku nekrozu, fibrozis ve yabancı cisim tipi dev

hücreleri de içeren yabancı cisim reaksiyonu en sık görülen değişikliklerdir (Figür 1).

Daha az sıklıkla skuamöz veya sinovyal metaplazi, atipik iğsi hücreler, atipik duktus benzeri yapılar, anormal vasküler proliferasyonlar ve hemosiderin birikimi görülebilir (1). Kor iğne biyopsi (KİB) yerinde skuamöz epitelle döşeli kistler olabilir, bunlar epidermis veya deri ekleri epitelinin taşınmasıyla ya da duktus epitelinin skuamöz metaplazisi sonucu gelişmiş olabilir.

Benign proliferatif bir lezyon veya duktal karsinoma in situ (DKİS) olan bir hastada stromada KİB traktı boyunca taşınmış epitelyal hücrelerin varlığı yanlış invaziv karsinom veya yanlış lenfovasküler invazyon yorumu yapmaya neden olabilir. Bu traktı iyi değerlendirmek gereklidir ve invaziv karsinom tanısı, epitelyal hücreler biyopsi traktından açıkça uzak stromada mevcutsa ve karakteristik bir karsinom özelliği varsa verilmelidir (2).

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