

## Bölüm 20

# SUPERİOR SULKUS (PANCOAST) TÜMÖRLERİNE YAKLAŞIM

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### GİRİŞ

Amerika Birleşik Devletleri'nde her yıl yaklaşık 220.000 yeni akciğer kanseri vakası tanı almakta, bu vakaların <%20'sine cerrahi rezeksiyon ana tedavi olarak veya kemoterapi (KT) ve/veya radyoterapi (RT) ile kombine olarak önerilmektedir.(1) Pancoast tümörleri, akciğer apeksi yerleşimli olup tüm akciğer kanserlerinin %3-5'ni oluşturmaktadır. (2)

Pancoast veya superior sulkus tümörleri ilk defa 1838 yılında Edwin Hare tarafından tariflenen karakteristik bir klinik sendromdur.(3) Asıl olarak 1932 yılında radyolog Henry Pancoast tarafından tanımlanmıştır.(4) Onun ilk izlenimi tümörün ekstrapulmoner kaynaklı olduğu, beşinci brankial kleft epitelyal artığından oluştuğu yönündeydi. Ancak Tobias bu durumun bronkopulmoner dokudan kaynaklandığını tanımlamış ve tümörün lokalizasyonun spesifik olduğunu belirtmiştir. (5)

Pancoast-Tobias Sendromu; sekizinci servikal ile birinci ve ikinci torakal sinir gövdelerinin tutulumuna bağlı şiddetli ve geçmeyen omuz -kol ağrısı, aynı tarafta göz kapağı düşüklüğü (ptoz), göz bebeğinde küçülme (miyoz), gözde küçülme (enofalmi), ve terlemede azalmanın (anhidroz) eşlik ettiği Horner sendromu ve el kaslarında atrofi ile klinik oluşturmaktadır.(6)

Pancoast tümörü için American College of Chest Physicians (ACCP)'nin klasik tanımlaması; Horner sendromu veya kola yayılan ağrı mevcudiyeti olmaksızın da görülebilen, akciğer apeksi yerleşimli, birinci kosta veya üzerindeki göğüs duvarı anatomik yapılarında tutulum gösteren akciğer kanseridir. Bu tümörler sıklıkla brakial pleksus, subklavyen arter / ven veya vertebraları invaze ederler.(7) (Şekil 1.)

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kaydıyla umut verici sonuçlar vermektedir. Bugün preoperatif kemoradyoterapiyi takiben cerrahi uygulanması, bir kontrendikasyon yok ise, superior sulkus tümörlü hastalarda standart tedavi olarak kabul görmüştür. Ancak bu prosedürler çok komplikedir.

Bu hasta gruplarında trimodal terapilerle etkili tedavi stratejileri belirlenmiş ve 5 yıllık sağkalım %50'ye ulaşmıştır. N2 mediastinal nodal hastalık varlığı kötü prognozla ilişkili bulunsada, seçili hastalarda trimodal tedaviler uygulanabilir.

Morbidite ve mortaliteyi en aza indirmek, preoperatif KT + RT, biyolojik ajanlar, profilaktik kranial RT ve en iyi kombine tedavinin rolünü incelemek için ileri ve daha fazla çalışmaya ihtiyaç vardır.

**Anahtar Kelimeler:** Pancoast tümörü, Superior Sulkus Tümörü, Güncel Tedavi, Kemoterapi, Radyoterapi, Cerrahi.

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