Bölüm
3

BAŞ BOYUN TÜMÖRLERİ PATOLOJİSİ

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GİRİŞ

Baş boyun tümörleri (BBT) terimi oral kavite, farinks, larinks, paranazal sinüsler, nazal kavite ve tükürük bezlerinden köken alan tümörleri temsil etmekte olup BBT'lerin çok büyük bir kısmı skuamöz hücreli karsinom morfolojisindedir.

Bu bölümde BBT'lerin histopatolojik değerlendirmesi ve raporlanması esnasında dikkat edilmesi gereken hususlar incelenecek ve sık görülen tümörlerin özelliklerine değinilecektir.

BAŞ BOYUN KARSİNOMLARININ RAPORLAMASINDA DİKKAT EDİLECEK HUSUSLAR

Baş boyun yerleşimli karsinomlar nedeniyle yapılan rezeksiyonların patoloji raporunda doğru evreleme ve prognoz öngörüsü için bazı temel parametrelere mutlaka yer verilmelidir (1, 2). Tümörün yerleşim yeri, tipi, diferansiasyon derecesi, büyüme paterni, en büyük çapı, invazyon derinliği, lenfovasküler invazyon durumu, perinöral invazyon durumu, çevre olağan doku invazyonu durumu ve cerrahi sınırların durumu mutlaka yazılmalıdır. Lenf nodu diseksiyonu yapılmışsa alındığı yer, metastatik ve reaktif lenf nodlarının sayısı, en büyük metastatik odağın çapı ve ekstrakapsüler yayılım olup olmadığı belirtilmelidir.

SKUAMÖZ HÜCRELİ KARSİNOM: MORFOLOJİK ÖZELLİKLERİ

Baş boyun bölgesinde en sık görülen malign tümörler, baş boyun mukozasının büyük kısmını döşeyen skuamöz epitelden köken alan skuamöz hücreli karsinom (SHK) morfolojisindedir.

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gereken antitelerin sayısının artmasına neden olur (41). İmmunohistokimyasal olarak S100, HMB45, melan A ve SOX10 pozitifliğinin ortaya konması tanıda yardımcıdır. Ayrıca, olguların bir kısmında immunohistokimyasal olarak CD117 pozitifliği görülebileceği bildirilmiştir (44).

Deri melanomlarında kullanılan tümör kalınlığı, ülserasyon vb. prognostik parametreler MM olgularında prognoz öngörüsü için geçerli değildir. >60 yaş, tanı anındaki evre ve lenf nodu metastazı varlığı baş boyun bölgesi MM'lerinde kötü prognozla ilişkilendirilmektedir (45). Bununla birlikte; bu konuda sınırlı veri mevcut olup MM'de prognostik faktörlerin belirlenmesi için yeni çalışmalara ihtiyaç vardır.

SONUÇ

BBT'ler birçok farklı antiteyi barındıran heterojen bir tümör grubudur. BBT'lerin çok büyük kısmını SHK oluşturmakla birlikte SHK olguları da dahil olmak üzere BBT'ler etyoloji, yerleşim yeri, histolojik alt tip gibi klinik ve patolojik prognostik faktörlerin etkisiyle farklı klinik davranış sergilemektedir.

Anahtar Kelimeler: baş boyun, tümör, patoloji

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