

Bölüm 6

BAŞ BOYUN KANSERLERİNDE PROGNOSTİK FAKTÖRLER

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GİRİŞ

Baş boyun kanserleri dudaktan başlayıp üst solunum yolları ve üst özefagusa kadar uzanan geniş bir alanda epitelyal hücrelerden gelişen ve sıklıkla skuamöz hücreli olan kanser türüdür. Anatomik olarak dudak, oral kavite, farinks (nazofarenks, orofarenks ve hipofarenks), larinks, nazal kavite ve para nazal sinüsler olarak ayrılır. Sigara kullanımı, alkol ve virüsler (Human nazal kavite virüs, Epstein barr virüs) en sık nedenler arasındadır. Prognostik faktörler primer tümöre, servikal lenf nodlarına, hastanın demografik verilerine ve genel medikal durumlara bağlı olarak sınıflandırılabilir.

Primer Tümöre Bağlı Faktörler

Tümörün Boyutu

Primer tümörün boyutu ve hacmi bir çok çalışmada tümörün lenf nodu tutulumu, erken gelişen sistemik metastazı ve dolayısıyla kötü prognozla ilişkili bulunmuştur. (1-3)

Marjin Durumu

Bir çok kanser türünde olduğu gibi rezeksiyon sonrası marjin durumu kötü prognozla ilişkilidir. Yetersiz rezeksiyon rezidü tümör ayrıca rezeke edilen tümörün çevre dokulara agresivite ve dolayısıyla kötü prognozla ilişkilidir. (4-6)

Tümörün Nükleer Derecesi, Vasküler İnvazyon Ve Perinöral İnvazyon

Tümörün histolojik greydi artıkça sıklıkla daha az diferansiye hal alıp daha hızlı proliferasyon göstermekte ve bu durumda tedaviye direnç, erken dönemde nüks ve uzak metastazla ilişkilendirilmektedir. (7-9)

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Anahtar Kelimeler: Baş Boyun Kanseri, Prognostik faktör, Prediktif faktör

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