Bölüm
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TÜKÜRÜK BEZİ TÜMÖRLERİ

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GİRİŞ

Tükürük bezi tümörleri nadir görülen ve tüm baş-boyun tümörlerinin %6-8'ni oluşturan tümörlerdir. Bu tümörler biyolojik davranışları ve anatomik kökenlerine göre heterojen bir grup neoplaziden oluşmaktadır. Habis ve iyi huylu birçok tükürük bezi tümörü vardır ve bunlar Dünya Sağlık Örgütü (2017) tarafınca sınıflandırılmıştır. [1, 2]. Ayrıca klinik davranışlarını ve metastaz potansiyellerini tanımlamak için düşük, orta derece ve yüksek grade şeklinde de sınıflandırılmaktadırlar. Anatomik anlamda parotis bezi tükürük bezi tümörlerinin en sık saptandığı bölgedir, bu tümörlerin yaklaşık yüzde 80-85'ini oluşturur ve parotis tümörlerinin dörtte üçü iyi huyludur. Daha nadir saptanan tükürük bezi tümörleri ise submandibular, sublingual ve minör tükürük bezlerinden köken almaktadır. Ağız boşluğunda 500 ile 1000 arasında minör tükürük bezi bulunmaktadır. Bu bezler ayrıca dudaklar, tonsiller, paranazal sinis, nazofarinks, orofarinks, hipofarinks, larinks ve trakeada bulunmaktadır. Parotis tümörlerinin aksine diğer tükürük bezi tümörlerinin habis olma olasılığı daha yüksektir [3].

Histolojik olarak en sık saptanan ve tüm tükürük bezi tümörlerinin yaklaşık yarısını oluşturan iyi huylu tükürük bezi tümörü pleomorfik adenomdur. Pleomorfik adenom en sık olarak parotis bezinin yüzeyindeki lobdan oluşur. Önerilen cerrahi olan yüzeyel parotidektomi sonrası tekrarlama riski yüzde beşin altındadır. Diğer nadir iyi huylu tükürük bezi tümörlerini Warthin tümörü, bazal hücreli adenom ve kanaliküler adenom oluşturmaktadır. En sık saptanan habis tükürük bezi tümörleri ise mukoepidermoid karsinom ve adenoid kistik karsinomdur. Diğer nadir habis tümörler düşük grade adenokanser, asinik hücreli karsinom, pleomorfik adenomdan gelişmiş adenokanser, primer küçük hücreli karsinom ve yaşlı erkeklerde daha sık saptanan tükürük yolu karsinomudur. Lenf nodu metastazları

küler hedeflerden biri de c-Kit'tir. Adenoid kistik karsinomların %90'ı c-kit tirozin kinaz reseptörü eksprese etmektedir. Fakat c-kit eksprese eden adenoid kistik karsinomlu hastaları içeren iki farklı çalışmada gerek imatinib gerekse dasatinid ile belirgin bir etki gözlenememiştir [79,80]. Epidermal büyüme faktör reseptörü (EGFR) adenoid kistik ve mukoepidermoid kanserlerde eksprese olmaktadır. EGFR ekspresyonu olan tümörlerde hem gefinitib hem setuksimab hem de setuksimab ve kemoterapi (sisplatin ve florourasil) kombinasyonu ile hiç yanıt alınamamış ve sadece çok kısa süreli hastalık stabilizasyonu sağlanmıştır [81-83]. Hem EGFR hem de HER-2 eksprese eden metastatik tükürük bezi kanserli 40 hastayı içeren faz II bir çalışmada ikili inhibitör olan lapatinib ile hiç yanıt alınamamış fakat hastaların yaklaşık yarısında 6 aylık hastalık stabilizasyonu başarılmıştır [84]. Oral mTOR inhibitörü olan everolimus radyolojik progresyon göstermiş adenoid kistik karsinomlu 34 hastada denenmiş, fakat hiç yanıt alınanamıştır [85]. Çoklu hedef tirozin kinaz inhibitörleri olan sunitinib, nintedanib, sorafenib ve aksitinibin çoğunluğu adenoid kistik karsinomlu hastalardan oluşan sınırlı sayıdaki hasta ile yapılan çalışmalarında sunitinib ve nintedanib ile hiç yanıt alınamamış, sorafenib ile 6 hastada (%16) ve aksitinib ile 3 hastada (%9) yanıt alınabilmiştir. Bu dört ajanla da hastalık stabilizasyon oranları tatminkar bulunmuştur [86-89].

Tükürük yolu karsinomlarındaki androjen reseptör ekspresyonu dışında diğer habis tükürük bezi kanserlerinde hormon reseptör ekspresyonu bulunmamaktadır. Metastatik tükürük yolu karsinomlu 36 hastanın kombine anti-androjen ajanlarla (löprolid ve bikalutamid) tedavi edildiği faz II bir çalışmada 4 hastada tam yanıt, 11 hastada kısmi yanıt ve 12 hastada stabil hastalık izlenmiştir. Otuzdört hastanın retrospektif analizinde ise 6 hastada kısmi yanıt ve 11 hastada stabil hastalık görülmüştür. Ayrıca, tamoksifen ile tedavi edilen adenoid kistik kanserli hastalarda yanıt gözlenen vaka sunumları da bulunmaktadır [90-92].

Anahtar Kelimeler: Tükürük bezi, kanser, parotis, pleomorfik adenom

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