

Bölüm 24

TİROİD KANSERLERİNDE CERRAHİ TEDAVİ

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GİRİŞ

Tiroid kanserlerinin görülme sıklığı son yıllarda artış gösterme eğilimindedir. Endokrin maligniteler arasında en sık görülenidir. Tüm kanserlerin ancak %1'ini oluşturur. Çocukluk çağında radyasyon almak, radyoaktif iyot maruziyeti, B-RAF gen mutasyonu, NTRK1 onkogen mutasyonu, RAS onkogen aktivasyonu, p53 mutasyonu, foliküler adenomlar, aşırı TSH uyarısı, RET protoonkogeninin yeniden yapılanması, ailesel hastalıklar (Gardner, Cowden, Peutz-Jegher, Carney kompleksi, Ataksi-Telenjektazi etyolojide öndemli rol oynamaktadır (1).

Dünya genelinde tiroid kanserlerinin insidansındaki artışa rağmen, mortalite oranları azalmaktadır (2). Tiroid kanserlerinin görülmesinde son yıllarda artış olmasının sebepleri arasında; gelişen teknoloji ile görüntüleme yöntemlerinin modernize olması, daha kolay ulaşılabilir olması ile daha sık kullanılması, kişilerin daha bilinçli olması ön plana çıkmaktadır (3). Tiroid kanserleri genellikle iyi prognozlidir, %5-10 arasında hastada ise ölüm görülmektedir (4). İnsidansdaki artışın büyük kısmı papiller tiroid kanserindeki artıştan kaynaklanmaktadır. 1988-89 yıllarında yeni tanı alan tiroid kanserlerinin %25'i, 1 cm'nin altındayken, 2008-09'da ise 1 cm altında olan kanserlerin oranı %40'a yaklaşmıştır (5).

Papiller tiroid kanserleri (PTK), tüm tiroid kanserlerinin % 85-90'ını oluşturmaktadır (6). Foliküler tiroid kanserleri (FTK), foliküler tiroid hücrelerinden gelişen diferansiye tiroid kanserlerinden birisi olup papiller tiroid kanserlerinden sonra en sık görülen tiroid kanseri tipidir (3). Medüller tiroid kanseri (MTK), 3. sıklıkta görülen tiroid malignitesi olup, PTK ve FTK'ya göre daha sık uzak organ metastazı yaparlar. Diğer alt tiplere göre prognozu daha kötü olmakla beraber metastatik MTK hastalarında sağ kalım ortalama 3 yıldır (7).

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FTK, ve MTK'da cerrahi müdahale ile etkin tedavi sağlanabilirken ATK'da cerrahi tedavi, genellikle palyasyon amaçlı kullanılmaktadır. Tedavi planı yapılırken, hastaya ve hastalığa ait faktörler göz önüne alınmalı, gereğinde cerrahi tedavi diğer tedavi seçenekleri kombine edilmelidir.

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