Bölüm
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DÜŞÜK GRADELİ GLİAL TÜMÖRLERDE CERRAHİ TEDAVİ PRENSİPLERİ

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GİRİŞ

Düşük dereceli glial tümör terimi(DDGT), iyi huylu histolojisi ve normal beyin parankimini istila etme eğilimindeki yavaş ilerleme davranışı ile karakterize bir dizi primer beyin tümörünü ifade eder. Bu neoplazmalar, Dünya Sağlık Örgütü'nün beyin tümörlerinin sınıflandırması tarafından grade II olarak sınıflandırılır ve grade II astrositom (fibrillere ve protoplazmik olarak ikiye ayrılır), grade II oligoastrositoma ve grade II oligodendroglioma olarak adlandırılan tümörleri içerir [7][12]. Önceki sınıflamaların aksine 2016 da WHO,SSS tümörlerini epigenetik ve genetik özelliklerine göre sınıflandırmıştır [11].

Erişkinlerde, her yıl yeni tanı konulan primer beyin tümörlerinin yaklaşık %15'ini oluştururlar[6]. DDGT, tipik olarak daha genç bireyleri etkileyen ve genellikle parsiyel nöbetlerle ortaya çıkan,yaş ortalaması 35 olan, erkeklerde kadınlara daha sık olan yavaş büyüyen tümörlerdir. Baş ağrısı, kişilik değişiklikleri ve fokal nörolojik bozukluklar diğer en sık görülen semptomları temsil eder. Nörolojik semptomlar arasında tümörün yeri ve büyüklüğüne göre motor ,duyusal bozukluklar, disfaji ,afazi, disinhibisyon, apati ve vizüel bozukluklar bulunur. İlginç bir şekilde, bazı yazarlar düşük dereceli gliomaların elegan denilen hassas bölgelerde veya yakınlıklarında meydana gelme eğilimini rapor etmişlerdir. Bu bölgeler; motor ve duyu korteksi, konuşma merkezleri ve görme merkezlerine komşu kortikal veya subkortikal alanları ve insular lobu içerir (Resim-1) ve en sık görüldüğü alanlardır. Sık yerleşim gösterdiği bu alanlar, bazen rezeksiyon imkanını kısıtlamakta, geniş rezeksiyonlar sonrası nörolojik fonksiyon kaybı oluşma ihtimalini artırmaktadır[16].

tif elektrotimülasyon haritalaması onkolojik beyin cerrahisinde günümüzde altın standart kabul edilen en güvenli tekniktir. Strip ve grid kullanılarak korteksin haritalaması monitorize edilmektedir. Nöroanestezide, önemli olup motor yolların geleneksel izlenmesinin ötesinde, uyanık hastalarda da intraoperatif haritalama da somatosensoriyel fonksiyonu, dil (fonoloji, sözdizimi, pragmatik, çok dillilik), mekansal biliş, hesaplama, yargı, yürütme fonksiyonları ve hatta duygusal yönleri gibi karmaşık fonksiyonları yollarının tanımlanmasını bile sağlar.Bundan başka eş zamanlı görüntüleme yapan maliyeti yüksek olan intraoperatif MR,navigasyon ve yüksek frekanslı lineer dizilimli USG navigasyon, ve yine yüksek frekanslı lineer dizilimli USG tekniğide güvenli cerrahi sağlayarak maksimum tümör dokusunun çıkarılamasına yardımcı olan tekniklerden sayılmaktadır.

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