Bölüm
42

NÜKS VE PROGRESE SANTRAL SİNİR SİSTEMİ TÜMÖRLERİNDE YENİDEN IŞINLAMA

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GİRİŞ

Beyin tümörlerinde primer tedavi cerrahi olmasına rağmen kitlenin tamamını çıkarmak çoğu zaman mümkün değildir. Bu nedenle, düşük yada yüksek gradeli glial tümörlerin adjuvan tedavisinde radyoterapinin (RT) yeri bulunmaktadır. Düşük gradeli glial tümörlerde tümör total çıkarıldı ise adjuvan RT'ye genellikle ihtiyaç duyulmaz ancak bunların rekkürrenslerinde RT endikasyonu bulunmaktadır. Düşük gradeli tümörlerde progresyona kadar geçen süre uzundur, fakat bunların çoğunda da relaps gözlenir. Yine, diğer beyin tümörlerinin (medullablastom, menenjiom, germinoma vb.) ilk tedavilerinde RT uygulaması yer almaktadır. Glioblastoma için kitle eksizyonu sonrası standart tedavi, eşzamanlı ve adjuvan temozolomid ile birlikte RT'dir. Bu yaklaşım, cerrahi sonrası tek başına RT ile karşılaştırıldığında 5 yıllık genel sağkalımı artmıştır (%1.9 vs. %9.8) (1). Bununla birlikte, sağkalım oranlarındaki artışa rağmen, tümörün infiltratif ve radyorezistant doğasından dolayı rekürrens hala önemli bir problem oluşturmaktadır.

Tekrarlayan gliomaların çoğunda kurtarma tedavisi endikedir ve çoğu hasta relapsta sistemik tedavi ve/veya cerrahi tedavi alır. Yapılan çalışmalarda, re-eksizyonun genişliğinin sağkalım ile ilişkili olduğu gösterilmiştir (2-4). Ancak, cerrahi rezeksiyon uygulaması, sıklıkla bu tümörlerin infiltratif doğası ve ileri cerrahi müdahalelerde ciddi nörolojik defisitlerin ve yüksek mortalite oranlarının oluşması nedeniyle sınırlıdır. Ayrıca bu hastaların performans durumları re-eksizyon için çoğu zaman bir engel teşkil etmektedir.

Kemoterapi, nüks veya progrese beyin tümörlerinin tedavisinin temeli oluşturmaktadır. Ancak, mevcut rejimler ile sınırlı palyasyon sağlanırken, bu hastala-

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özelliklerine (hacim ve yer), önceki RT doz ve hacim ve hasta özelliklerine (yaş ve performans durumu) bağlıdır. Radyonekroz riski açısından da iki RT ışınlama zamanı ve organın aldığı NTD-k veya kümülatif BED değerlerine dikkat edilmesi gerekmektedir.

Anahtar Kelimeler: Nüks Santral Sinir Sistemi Tümörleri, Yeniden Işınlama, Sağkalım.

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