Bölüm
1

BAŞ BOYUN TÜMÖRLERİNDE EPİDEMİYOLOJİ VE ETYOPATOGENEZ

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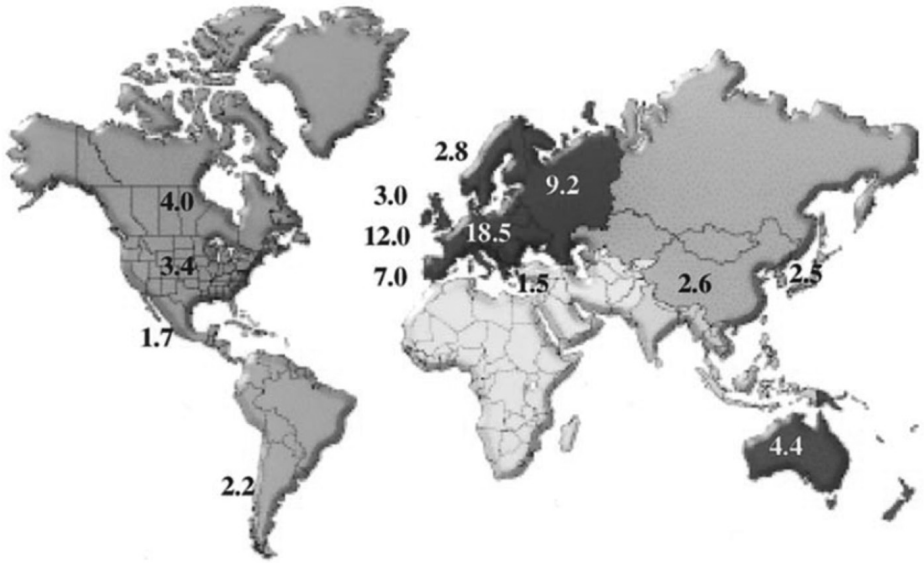
Baş boyun kanserleri tüm maligniteler içerisinde 6. sıradışı yer almakta olup, kanser nedenli ölümlerin %5'ini oluşturmaktadır(1). Baş boyun kanserleri genelde 50-60 yaşlardaki hastalarda görülür. Bununla birlikte yaş ortalamaları artışına paralel olarak hastalığın daha ileri yaşlarda ortaya çıktığı olgular giderek artmaktadır. Kanser insidansı 65 yaş üstünde 2163.9/100.000'lere ulaşmaktadır(42). Yakın bir zamanda kanser, insan ölümlerinde birinci sıraya oturacak ve yeni solid kanserlerin yarıdan fazlası 70 yaş üzerindeki kişilerde görülecektir. Gelişmiş ülkelerdeki madde bağımlılığının artması, açlığın tehdidindeki 3. dünya ülkelerinde tarımsal alanlarda temel gıda ana maddelerinin yerine alkol, tütün ve uyuşturucu hammaddelerinin üretilmesi, genetiği değiştirilmiş ürünlerin azalan tarım alanlarıyla giderek artan oranda yiyeceklerimize girmesi, modern hayatın getirdiği düzensiz ve dengesiz beslenme, önlenemeyen çevre kirliliği gelecek nesillerde kanser gibi ölümcül hastalıkların daha sık görüleceği beklentisine yol açmaktadır.

Baş boyun tümörleri larinks, oral kavite(alt ve üst dudak, gingiva, gingivo bukkal sulkus, bukkal mukoza, sert damak, retromolar trigon, ağız tabanı, dil), orofarinks(yumuşak damak, tonsiller, dil kökü, faringeal duvar), nazofarinks, nazal kavite ve paranazal sinüsler, göz, kulak, tükrük bezi, tiroid ve yumuşak dokuyu kapsamaktadır.

Dünya genelinde baş boyun kanserlerin %42'si oral kavite ve %25'i larinkste yerleşim gösterir. Bunu %15 orofarenks ve hipofarenks, %7 major tükrük bezleri, %4 nazofarinks, %4 burun ve paranazal sinüsler, %3 tiroid, deri ve konnektif doku takip eder (2). Dünyada her yıl oral kavite, larinks ve nazofarinks kanserli yaklaşık 500.000 hasta tanımlanmış olup bunların 270.000'i mortalite ile sonuçlanmakta-

sağlar. Günümüzde magnetik rezonans görüntüleme(MR), bilgisayarlı tomografi(BT) ve pozitron emisyon tomografi(PET) ile hastanın preoperatif değerlendirilmesi yapılmaktadır. Özellikle ileri evre tümörlerde metastaz öncelikle boyuna daha sonrada uzak organa metastaz olabilir. En sık metastaz akciğere, daha nadiren kemik,beyin ve karaciğere olabilir. Bu sebeple ileri evre tümörlerde toraks tomografisi çekilmesi hem ileri evre hemde ikinci primer odak açısından değerlendirilmesine yardımcı olur. Görüntülemeler kontrastlı yapılmalıdır. Oral kavite ve nazofarenks tümörlerinde MR yumuşak dokuyu değerlendirme açısından biraz daha tercih edilebilir.PET, erken evre tümörlerde rutin değerlendirme için tercih edilmez, ancak ileri evre tümörlerde giderek önem kazanmaktadır.



Resim1. Erkerlerde oral kavite ve farinks kanserli hastalardaki ölüm oranlarının ülkerlerdeki dağılımı. Canada (4.0), United States (3.4), Chile (2.2), Norway (2.8), United Kingdom (3.0), France (12.0), Spain (7.0), Hungary (18.5), Russian Federation (9.2), Israel (1.5), China (2.6), Japan (2.5), andAustralia (4.4). Source document does not includedatafromseveralhigh-incidenceareassuch as Melanesia, IndiaandBrazil. (Data from: Landis SH, Murray T, Bolden S, Wingo PA. Cancerstatistics, 1998. CA Cancer J Clin 1998;48:6–29.)

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