

Bölüm 18

UTERİN SARKOMLARDA SİSTEMİK TEDAVİ

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GİRİŞ

Uterin sarkomlar malign mezankimal tümörlerdir. Uterus malignitelerinin %3–9'unu oluştururlar. Yıllık insidansı 0.36/100.000 kadın-yıldır.¹ Sık görülen alt tipleri endometriyal stromal sarkom (ESS, %21), uterin leiomyosarkom (uLMS, %63) ve andiferansiye uterin sarkomdur (UUS, %5).^{2,3}

Endometriyal stromal sarkomlar düşük dereceli ve yüksek dereceli olmak üzere ikiye ayrılırlar. Düşük dereceli endometriyal stromal sarkomlar (LGESS) histolojik olarak; düşük dereceli küçük ve proliferatif endometriyumdaki stromal hücrelere benzeyen hücrelerden oluşurlar. Mitotik aktiviteleri genellikle düşüktür (<10/10 BBA). Yüksek dereceli endometriyal stromal sarkomlar (HGESS) histolojik olarak; yüksek dereceli küçük, sıklıkla nekroz içeren ve artmış mitotik aktivite (>10/10 BBA) hücrelerden oluşurlar, içlerinde LGESS alanları bulundurulabilirler. Andiferansiye uterin sarkomlar, histolojik olarak yüksek dereceli, stromal hücrelere bezemeyen ve spesifik farklılaşma göstermeyen hücrelerden oluşurlar. Uterin sarkomların takibi ve tedavisi, boyut (5 cm'in üstü ve altı), mitotik aktivite (10/BBA'da 10'un üstü ve altı), yaş (50 yaş üstü ve altı) ve vasküler invazyonun bulunup bulunmaması gibi klinikopatolojik faktörlere göre şekillenir.²

Düşük dereceli endometriyal stromal sarkomlar genellikle 40 ve 55 yaş arası premenapozal kadınlarda görülür. Tipik olarak hormon reseptörleri pozitif tümörlerdir.⁴ Prognozları iyidir. Rekürrensler hastaların 3'te 1'inde gelişir ve yıllar sonra görülebilir. Beş yıllık sağkalımlar evre 1-2 için %90, evre 3-4 için %50'dir.⁵ SEER (Surveillance Epidemiology and End Results) veritabanına göre düşük dereceli ve yüksek dereceli ESS'lerde tüm evreler için 5 yıllık rölatif sağkalım %72.7'dir.⁶

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vaad eden sonuçlar beklenmekteyse de henüz standart olarak kullanıma giren yoktur.⁶¹

Anahtar Kelimeler: Uterin sarkom, hormonal tedavi, kemoterapi

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