

Bölüm 36

SANTRAL SİNİR SİSTEMİ METASTAZI OLAN HASTAYA YAKLAŞIM

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GİRİŞ

Melanom tüm cilt kanserlerinin %4 ünü oluşturur ancak cilt kanserlerine bağlı ölümlerin %65 sinden sorumludur.[1] Erken tanı ve tedavi ile 5 yıllık genel sağkalım % 95 iken, beyin metastazı olan hastalarda tedavisiz sağkalım süresi yaklaşık 3-4 ay civarındadır. [2, 3] Metastatik melanomlu hastaların yaklaşık %75 inde hastalık seyri sırasında beyin metastazı görülürken %20 kadar hastada beyin metastazı ilk tanı bulgusu olabilir.[4]

Bu derlemede beyin metastazı bulunan melanom hastasında sistemik tedavi seçenekleri değerlendirilmiştir.

Epidemiyoloji

Melanom beyin metastazı (MBM) etyolojisinde akciğer ve meme kanserinden sonra üçüncü sırada yer alır.[5] Primer lezyonun baş boyun yerleşimli olması, erkek cinsiyet, mukozal lezyon varlığı, invazyon derinliği, noduler histolojik tip, ülserasyon varlığı, yüksek laktat dehidrogenaz (LDH) seviyesi beyin metastazı gelişimi için risk faktörleri arasındadır.[6, 7]

Tamamen asemptomatik olabilirken, baş ağrısı, epileptik atak, fokal nörolojik defisitler ile semptom verebilir.

İntrakranial metastaz sayısı, BRAF mutasyonu olmaması, yüksek serum LDH seviyesi, ileri yaş, nörolojik semptom varlığı, leptomeningeal tutulum olumsuz prognostik faktörlerdir.[2, 3, 8, 9]

Tedavi seçenekleri; lokal tedaviler ve sistemik tedaviler altında değerlendirilebilir.

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hedefleyici tedavi ve immunoterapilerin MBM vakalarında da etkil olduğu görülmektedir. Bununla birlikte, MBM vakalarında spesifik bir değerlendirme gerektiren klinik ve moleküler özelliklerinin olduğuna dair kanıtlar da vardır. MBM patogenezi ve tedavisine odaklanan klinik araştırmalara ihtiyaç duyulmakta ve bu çalışmaların daha yüz güldürücü sonuçlara ulaşacağı düşünülmektedir.

Anahtar Kelimeler: Melanom beyin metastazı, lokal tedavi, sistemik tedavi

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