Bölüm
9

ERKEN EVRE MEME KANSERİNDE AKSİLLA YÖNETİMİ

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GİRİŞ

Meme kanseri kadınlarda görülen kanser türleri içinde 1.sıklıkta görülen ve en sık ölüme neden olanıdır. Görülme 30 yaşından küçüklerde az olmakla beraber menopozla birlikte görülme sıklığı artmaktadır. Erkeklerde meme kanseri nadir görülmekle beraber görüldüğünde genellikle ileri evrelerdedir. Gelişmiş ülkelerde daha sık görülmesine rağmen geri kalmış ve gelişmekte olan ülkelerde de görülme sıklığı gün geçtikçe artmaktadır.

Meme kanserinin tedavisini, cerrahi tedavi, kemoterapi, radyoterapi, hormon tedavisi immünoterapi, palyatif ve destekleyici tedavi olarak sıralayabiliriz.

Bunlardan cerrahi tedavi hastalığın evresine göre değişmekle birlikte primer veya tamalayıcı olarak hala en çok tercih edilen, en yaygın uygulanan ve başarı sağlayan tedavi yöntemidir. Memenin lenf akımının büyük kısmı aksillaya yönelim gösterdiği, aksiller lenf bezleri bu lenf sıvısı akım ve trafiğinin tam kontrol noktası olduğundan tanı, evreleme, tedavi ve prognozun belirlenmesinde aksilla yönetimi önemlidir.

Lenf nodlarının çıkarılması tarihte 16. yüzyılda başlamıştır. Modern meme cerrahisinin tanımı ise William Halsted ile 19. yüzyılda başlamıştır(1). Daha sonra, 1930'lu yıllarda, D.H Patey, meme dokusunu ve aksiller içeriği alırken pektoral kasın korunmasına sağlayan modifiye radikal mastektomiyi (MRM) tanımlayıp yaygınlaştırdı. Bu operasyon, uzun süreli takiplerde pektoral kasları korurken yalnızca meme kanseri tekrarlamadığı gibi aynı zamanda radikal mastektomiyle karşılaştırıldığında sağkalım sonuçlarında da bir farklılık göstermediğinden radikal mastektominin yerini almıştır(2).

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SONUÇ

SLNB'nin ilk uygulanmasından başlayarak kabul görmesi, geliştirilmesi, bilimsel çalışmalar ile detaylarının tartışılarak tekamül etmesi erken meme kanserlerinde aksiller yönetimde çok olumlu sonuçlar doğurmuştur. SLNB'nin gelişmesiyle nod negatif erken evre meme kanserlerinin prognoz ve tedavi yönetiminde ALNB ye göre morbiditesi daha düşük olan bu yöntemin daha yaygın uygulanmasıyla sonuçlanmıştır. Morbididekı azalma nedeniyle çoğu hastalarda ALND yerini almıştır. Aksiller lenfatik haritalanmada ve lokal kontrolün sağlanması için SLNB'nin daha da gelişeceğini ve dezavantajların ve çekincelerin olduğu durumlarda da bu gelişim süreci sayesinde tekamül ederek kullanılabileceği öngörü ve umudunu taşımaktayız.

Anahtar kelimeler: Erken evre meme kanseri, Meme kanseri, Sentinel lenf nodu, Aksiller lenf nodu, ALND, SLNB

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