

Bölüm **21**

LOKOREJYONEL NÜKS HASTALIKTA CERRAHİ YAKLAŞIM

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GİRİŞ

Meme kanserinin cerrahi tedavisi sonrasında (meme koruyucu cerrahi veya mastektomi) lokorejyonel nüks görülebilmektedir. Meme koruyucu cerrahi sonrasında lokal nüks tek taraflı memede görülen nüks olarak tanımlanırken, mastektomi sonrasında tek taraflı göğüs duvarında görülen nüks olarak tanımlandı. Rejyonel nüks ise aynı taraflı aksiller, supraklaviküler ve daha az olarak infraklaviküler/internal mammarial lenf nodlarındaki nüks olarak tanımlandı (1). Randomize çalışmalar meme koruyucu cerrahi veya mastektomi sonrası RT alan hastalarda lokorejyonel nüksü %5-15 olarak göstermiştir (2-6). Radikal cerrahi sonrası lokal nükslerin %60-95'i köken aldığı kadranda veya göğüs duvarı skarında gelişir (7-8). Meme koruyucu cerrahide (MKC) lokorejyonel nüks görülme sıklığı mastektomije göre bir miktar fazla görülür (MKC'de %10-15, Postmastektomi %5-10).

RİSK FAKTÖRLERİ

Lokorejyonel nüksü etkileyen birçok faktör vardır.

- Lenfovasküler invazyon (9)
- Genç yaşı (10)
- Artan tümör boyutu (11)
- Yakın veya pozitif cerrahi sınır (12,13)
- Pozitif lenf nodu durumu (14,15)
- Yüksek tümör grade (9,16)
- Yaygın intraduktal komponent (17)
- Multifokal/multisentrik hastalık (18)

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Mastektomi yapılanlarda öncelikle geniş eksizyon önerilmektedir (44). Sınırlı eksizyon ikincil lokal nüks ile ilişkilidir (45-46). Rejyonel nükslerde öncesinde sentinel lenf nodu biyopsisi yapılanlara aksiller diseksiyon yapılması, aksiller diseksiyon yapılanlarda da nodal eksizyon yapılması önerilmiştir. Tedaviye radyoterapi eklenip eklenmeyeceği öncesinde RT alıp olmadığına göre değişiklik göstermektedir(47)(Algoritim 2).

National Comprehensive Cancer Network (NCCN)'de algoritim benzerlik göstermektedir. Ek olarak sentinel lenf nodu biyopsisi yapılanlarda tekrar SLNB yapılabileceği belirtilmiş ancak bunun doğruluğunun kanıtlanmadığı ve prognostik öneminin bilinmediği vurgulanmıştır. Cerrahi rezeksyonun mümkün olmadığı durumlarda sistemik tedavi sonrasında tekrar değerlendirilmelidir. Önceki tedavisinde RT alan hastalarda doz ayarlaması yapılarak toksisiteden korunulmalıdır(48).

Sonuç olarak lokorejyonel nüksün takip sırasında karşımıza çıkabileceği göz önünde bulundurulmalıdır. Olası risk faktörleri önceden belirlenmeli, risk grubundaki hastaların takiplerine dikkat edilmelidir.

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