

## Bölüm 45

# PROFİLAKTİK MASTEKTOMİ

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### GİRİŞ

Meme kanseri dünyada önde gelen kadın kanserlerinden ve kanserden ölüm sebepleri arasında da öncüdür (1,2). Meme kanserinin son iki dekaddır insidansında saptanan görece azalma, tarama programlarının etkinliği ile alakalıdır (3,4). Multidisipliner yaklaşımla tedavi, bu hastalık ile başa çıkılmasındaki en önemli koşuldur. Cerrahi onkolog, tıbbi onkolog ve radyasyon onkoloğu tedavinin temel ayaklarındadırlar. Günümüzde meme kanseri tedavisinde meme koruyucu cerrahi ve aksilla koruyucu cerrahi yaklaşımları öne çıkmaktadır. Mastektomi yapılacağı zaman, mastektomi sonrası onkoplastik cerrahi, cilt koruyucu mastektomi ve nipple-areola koruyucu mastektomi gibi estetik-rekonstrüktif yaklaşımlar uygulanmaktadır. Buradaki temel bakış açısı hastalıktan tamamen kurtulmak, minimum rekürrens riski ve maksimum estetik anlayışın öncelenmiş olmasıdır. Meme koruyucu cerrahi uygulamalarında %10-20, mastektomi tedavilerinde %5-10 civarında lokal rekürrens oranları bildirilmektedir (5-9). Meme kanseri tanısı almış bir hastada tekrar meme kanseri gelişme riski ise %0,5-1/yıl civarındadır. Lokorejyonel nüksü etkileyen risk faktörleri şunlardır (10-21):

- Lenfovasküler invazyon,
- Genç yaş,
- Artan tümör boyutu,
- Yakın veya pozitif cerrahi sınır,
- Pozitif lenf nodu durumu,
- Yüksek tümör grade,
- Yaygın intraduktal component,
- Multisentrik hastalık

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