

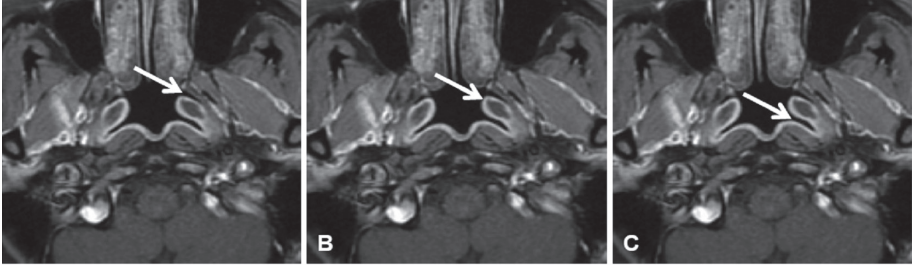
BÖLÜM 6

NAZOFARİNGKS KARSİNOMUNUN RADYOLOJİK DEĞERLENDİRİLMESİ

Defne GÜRBÜZ¹

Nazofarinks farinksin en üstteki bölümü olup, kafa tabanından yumuşak damağa kadar uzanır. Nazofarinks; superiorda sfenoid sinüsün tabanı ve klivus, anteriorda nazal koana, anteroinferiorda yumuşak damağın posterosuperior yüzeyi, posteriorda prevertebral kaslar ve klivus, lateralde parafaringeal boşluklar, inferiorda orofarinks ile devamlılık gösterir ve adenoidal lenfoid doku ve çok sayıda minör tükrük bezlerini içerir (1,2).

Nazofarinkste; lateralde östaki giriminin oluşturduğu bir çentik, hemen onun arkasında östaki tüpünün her daim açık kalmasını sağlayan, kartilaj kepin oluşturduğu kabarıklık, yani torus tubarius bulunur. Torus tubariusun arkasında Rosenmüller fossası ya da diğer adıyla lateral faringeal reses vardır (Resim 1). Rosenmüller fossası iki tabaka mukozadan oluşan, cep şeklinde potansiyel bir boşluk olup, nazofarinks değerlendirmesinde en önemli noktalardan birisidir, çünkü nazofarinks karsinomlarının %75'inden fazlası Rosenmüller fossalardan gelişir (3).



Resim 1: Yağ baskılı aksiyel kontrastlı T1 ağırlıklı MR görüntülerinde oklarla sırasıyla (A) lateralde östaki giriminin oluşturduğu çentik, (B) kartilaj kepin oluşturduğu kabarıklık, yani torus tubarius, (C) Rosenmüller fossası ya da diğer adıyla lateral faringeal reses izlenmektedir.

Nazofarinkste iki tane küçük kas yapı bulunmaktadır. Torus tubariusun lateralindeki ve anteriorundaki oblik seyreden kas tensor veli palatini kası, posteriorundaki oblik kas ise levator veli palatini kasıdır (Resim 2). Bu kaslar yutkunma sırasında orta kulağa hava geçişini sağlayarak oradaki basınç dengelerini oluşturur (4).

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