



BÖLÜM 6

JİNEKOLOJİK KANSERLERDE TANI VE SINİFLANDIRMA

Çetin ÇELİK¹
Mete Can ATEŞ²

VAJEN KANSERİ

Vajen, serviksten vulvaya uzanan farklı doku tipleri ve planları olan 7-10 cm uzunluğunda tüp şeklinde fibromusküler bir organdır. Vajen kanseri nadir olarak görülen jinekolojik malignitedir. Vajen kanserleri daha çok metastatik olup primer vajen kanseri oldukça nadirdir. Vajene metastazların çoğu diğer reproduktif organlardan (serviks, endometrium veya over) kaynaklanabildiği gibi kolon, meme veya pankreas gibi organlardan da kaynaklanabilir. Vajinal metastazlar direk yayılım veya lenfatik / hematojen yayılım şeklinde oluşabilir. Primer vajen kanseri tüm genital kanserlerin yaklaşık %1-2'sini oluşturur⁽¹⁾.

Epidemiyoloji

Vajen kanseri klinik olarak heterojen bir hastalıktır. İnsan papilloma virüsü (HPV) vajen kanseri için bilinen bir kanserojendir; ancak HPV dışı faktörler de kanser gelişiminde rol alabilir⁽²⁾. Eskiden hamilelerde kullanılan sentetik bir östrojen olan dietilstilbestrol (DES), kız çocuklarında vajinal berrak hücreli adenokarsinom ile ilişkilendirilmiş olup dietilstilbestrolün rutin kullanımı 1970'lerde durdurulduğundan bu yana bu kanserin görülme sıklığı azalmıştır⁽³⁾. Yaklaşık 100.000 kadından 1'ine in situ veya invaziv vajinal kanser (tipik ola-

¹ Prof. Dr, Selçuk Üniversitesi Tip Fakültesi Kadın Hastalıkları ve Doğum AD, celikcet@hotmail.com

² Op. Dr, Selçuk Üniversitesi Tip Fakültesi Kadın Hastalıkları ve Doğum AD, metecanates@gmail.com

Klinik

SKST'lü hastalar genellikle epitelyal veya germ hücreli over neoplazileri olan hastalarla benzer klinikle; kitlenin abdominal veya pelvik semptomlar oluşturmazı nedeniyle başvurur ya da muayene/görüntüleme sırasında adneksiyal kitle tesadüfi olarak tespit edilir. Bazı tümörler steroid hormon sentezine bağlı bulgu verirler. Östrojen fazlalığı anormal uterin kanama, endometrial neoplaziye neden olurken çocukların prekoks puberteye neden olur. Eğer tümör androjen sekrete eden bir tümörse hirsutizm, akne, alopesi, menstrual anomallikler (oligomenore, amenore), kliteromegali, seste kalınlaşma gibi hastada virilizasyon bulguları ortaya çıkar⁽⁷¹⁾. Bazı hastalarda SKST'ün tipine bağlı olarak batında ani distansiyon, asit, sklerozan peritonit ya da barsak obstrüksiyonu gelişebilir. Adneksiyal kitle ve anormal uterin kanaması olan premenopozal hastalarda ve postmenopozal kanaması olan hastalarda endometriyal örnekleme yapılmalıdır.

Tanı

Overin SKST'lerinin tanısı histopatoloji ile konulur. Adneksiyal kitle varlığı ile östrojen veya androjen salınımında artış ya da serum tümör belirteç düzeylerinin artışı ile preoperatif tanıdan şüphelenildiğinde, cerrahi spesmenin incelenmesi ile kitlenin spesifik histolojik tipi ve malignite riski ortaya konulur.

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