7. BÖLÜM

SERVİKAL KANSERLERDE BRAKİTERAPİ

Evrim DUMAN [1]

GİRİŞ

Uterus pelvisin ortasında rektum ve mesane arasında yerleşmiştir. Korpus ve serviks olmak üzere iki kısımdan oluşur. Serviks yaklaşık 3x3cm boyutlarındadır ve ağrılıklı olarak fibröz yapıdadır. Vajenin içerisine çıkıntı yapan vajinal kısım ve endoservikal kanalı içeren halkanın yukarısında kalan supravajinal kısımdan oluşur. Vajinal kısımda ön ve arka yerleşimli iki dudağın arasında ki santral açıklık (eksternal os), endoservikal kanal ile devam ederek uterin istmusda ki iç açıklığa (internal os) uzanmaktadır. Skuamöz hücreli serviks kanseri sıklıkla endoservikal kanalın skuamöz kolumnar bileşiminden (transformasyon bölgesi) kaynaklanır (1,2). Serviks kanseri vakalarının %4.5'inde endometrial kanser benzeri endoservikal adenokarsinom tanımlanmıştır (3). Endoservikal adenokarsinom ve adenoskuamöz karsinom insidansı artış göstermekle birlikte lokal ileri evre serviks kanserinde adenokarsinom ve adenoskuamöz karsinom ile skuamöz hücreli karsinom histolojik alt tiplerinin eşzamanlı kemoradyoterapi tedavisi sonrasında progresyonsuz sağkalım ve genel sağkalım sonuçları benzerdir (4). Berrak hücreli karsinom, camsı hücreli karsinom ve undiffereransiye karsinom gibi nadir (%1-2) formların daha kötü prognoza sahip olduğu kabul edilir (1).

İnvaziv serviks kanseri dünya genelinde kadınlarda 4. en sık görülen malign tümördür ve insidans oranları coğrafi konuma göre önemli ölçüde değişmektedir. Batı Avrupa ve Kuzey Amerika ülkelerinde insidansı düşük iken gelişmekte olan ülkelerde yüksek insidansa sahiptir. Genomik çalışmaların sonuçları ile epidemiyolojik bulgular birleştirildiğinde, serviks kanserinin %95'inde birincil

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terapide ki gelecek gelişmelerin tümör radyosenditivitesini hesaba katarak tedavilerin özelleştirilmesine yönelik olması kaçınılmazdır.

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