

Bölüm 33

PENİL TÜMÖRLERDE EPİDEMİYOLOJİ ve ETİYOPATOGENEZ

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GİRİŞ

Penis kanseri tipik olarak peniste şişlik ya da ülser ile görülmekte olup, büyük çoğunluğu skuamöz hücreli karsinom (SCC) olarak karşımıza çıkmaktadır. Penil SCC genellikle prepsiyum ya da glans epitelinden gelişir. Penil SCC'nin bilinen farklı klinik özellikte birkaç alt tipi vardır (Tablo 1).

Tablo 1: Penis kanserlerin histolojik alt tipleri, sıklıkları ve prognozları

Alt Tip	Sıklık	Prognoz
Skuamöz hücreli karsinom (SCC)	%48-65	Lokasyona, evreye ve dereceye göre değişir
Bazaloid karsinom	%4-10	Kötü prognoz, sıklıkla erken inguinal nodal metastaz [1]
Kondilomatöz karsinom	%7-10	İyi prognoz, nadir metastaz
Verrüköz karsinom	%3-8	İyi prognoz, metastaz yok
Papiller karsinom	%5-15	İyi prognoz, nadir metastaz
Sarkomatoid karsinom	%1-3	Çok kötü prognoz, erken vasküler metastaz
Mikst karsinom	%9-10	Heterojen grup
Psödohiperplastik karsinom	< %1	Sünnet derisi, liken skleroz ilişkili, iyi prognoz, metastaz rapor edilmemiş
Kunikulat karsinom	< %1	Verrüköz karsinomun bir çeşidi, iyi prognoz, metastaz rapor edilmemiş
Psödoglandüler karsinom	< %1	Yüksek dereceli karsinom, erken metastaz, kötü prognoz

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Penil kanser şüphesi olan lezyonlarda klinik olarak belirgin vakalarda bile biyopsi ile histolojik doğrulama gereklidir. Lezyonun karakterinin belirlenmesi radyoterapi, topikal ajanlarla tedavi veya lazer cerrahisi planlamasında ya da lenf nodu tedavisinin preoperatif histolojik verilere göre düzenlenmesinde oldukça önem taşımaktadır. Punch biyopsi yüzeysel lezyonlar için yeterli olsa da, invazyon derecesini ve evreyi uygun şekilde değerlendirmek için yeterince derin eksizyonel biyopsi tercih edilmelidir. Biyopsi boyutu önemlidir. Bir çalışmada, ortalama boyutu 0,1 cm olan biyopsilerde, vakaların %91'inde invazyon derinliğini değerlendirmenin zorluğu vurgulanmıştır. Biyopsi materyalindeki ve son spesmendeki derece vakaların %30'unda farklılık gösterebilmekle birlikte vakaların %3,5'inde kanser tespit edilememiştir [37].

Penis kanseri biyopsi veya rezeksiyon materyalinin patoloji raporunda primer tümörün anatomik konumu, histolojik tip ve alt tip, derecesi, perinöral invazyon, invazyonun derinliği, lenfatik ve venöz vasküler invazyon, irregüler büyüme paterni, üretral invazyon, korpus spongiosum ve kavernozum invazyonu, cerrahi sınırlar ve p16/HPV durumu belirtilmelidir [38-40].

Patolojik alt tip, perinöral invazyon, lenfovasküler invazyon [41], primer tümördeki invazyon derinliği ve derecesi kötü prognoz ve kansere özgü mortalitenin yüksek olduğunu gösteren güçlü belirleyicilerdir [42]. Tümör derecesi ve lenfatik invazyon metastatik yayılımın bir belirleyicisidir. Venöz emboli sıklıkla ileri evrelerde görülür. Lenf nodu metastazı ve ektrakapsüler yayılımın derecesi de prognozun güçlü belirleyicilerindendir.

Anahtar Kelimeler: HPV enfeksiyonu, penis kanseri, penil intraepitelyal neoplazi, skuamöz hücreli kanser

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