Bölüm
10

ENDOMETRİUM KANSERİNDE CERRAHİ TEDAVİ

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GİRİŞ

Endometrium kanseri; jinekolojik maligniteler arasında en sık, kadın kanserleri arasında ise dördüncü sıklıkta izlenmektedir (1).

%80 kadarı malign epitelyal neoplazi şeklindedir. Endometrium kanseri histopatolojik özelliklerine göre iki ana gruba ayrılır Endometriumda gelişen malign patolojilerin; tip1 ve tip 2. Bu gruplar cerrahi tedavi ve cerrahi sonrası tedavi yaklaşımlarını belirler(2-4).

Tip 1: düşük gradeli endometriod karsinom FİGO (international federation of gynecology and obstetrics) grade 1 ve 2 olarak geçen grup endometrium kanserlerinin büyük çoğunluğunu oluşturan gruptur. Bu tümörler östrojen duyarlı olup, atipik endometrial hiperplazi zemininde gelişen erken evrede görülen ve prognozları iyi olan tümörlerdir(5-7).

Tip2: FİGO grade 3 endometrioid karsinom ve nonendometriod karsinomlardır; seröz, berrak hücreli, mikst, andiferansiye. Bu tümörler östrojen duyarlı değillerdir ve obezite ilişkili değillerdir. Genellikle atrofik endometriumzemininde gelişen yüksek gradeli ve kötü prognozlu olgulardır. Karsinosarkomlar bu grubun içerisinde yer alır. Myometrial invazyonu olmasa bile cerrahi evreleme yapılan her üç hastadan birinde ekstrauterin hastalık izlenmektedir(8-10).

Endometrium kanserinin tanısı anamnez, fizik muayene ve endometrial örnekleme ile konulur. Hastanın tedavi planı kanser histopatolojisi, grade ve cerrahiyi tolere edebilmesine göre yapılır.

Abdominal ve pelvik görüntüleme tip 1 endometrial karsinomda genellikle preoperatif olarak yapılmazken, tip 2 olanlarda yapılması laparotomi ya da sitore-

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Klinik evreleme prosedüründe genel anestezi altında pelvik muayene, endometrial ve endoservikal küretaj, histeroskopi, sistoskopi, proktoskopi ve görüntüleme yöntemleri kullanılabilir.

Yapılan çalışmaların çoğunda myometrial invazyonun saptanmasında MRI sensitivitesi yaklaşık %80-90 civarında, servikal invazyonun saptanması ise %56-100 lük bir aralıkta sensitiviteye sahiptir.

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