Bölüm
23

GERM HÜCRELİ OVER TÜMÖRLERİNDE SİSTEMİK TEDAVİ

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GİRİŞ

Germ hücreli over tümörleri (GHOT) primordiyal germ hücrelerinden köken alan benign veya malign karakter gösterebilen over tümörleridir. Bu neoplazmlar over kaynaklı tümörlerin yaklaşık % 20-25 ini oluşturmakla beraber malign over tümörlerinin sadece yaklaşık yüzde beşlik kısmı germ hücre kökenli malign over tümörüdür (1-3). GHOT 10 ve 30 yaş arası genç bayanlarda görülür ve bu yaş grubundaki over kaynaklı tümörlerin yüzde 70 inden sorumludur (4).

Histopatoloji : GHOT yaygın olarak embriyo benzeri dokulardan köken alan neoplazmlar (teratoma ve alttipleri ile disgerminom) ve ekstra embriyonik fötal dokulardan (plesenta benzeri) köken alan tümörler ile bu iki dokunun karışımdan oluşan mikst tip neoplazmlar olmak üzere kabaca üç sınıftan oluşmaktadır.

Teratomlar : dermoid kist olarak da adlandırılan benign kistik matür teratom en yaygın görülen GHOT olmakla beraber immatür teratom daha az görülen ve malign karakterli teratom alt grubudur.

Disgerminom : erkeklerde görülen seminomların bayanlardaki karşılığıdır ve immatür germ hücrelerinden oluşur.

Yolk sak tümörü: primitif plesentadan köken alan epitelyal karakterli malign neoplazmdır.

Mikst germ hücreli tümör : teratom ile yolk sak , disgerminom ve/veya embriyonel karsinomun kombinasyonundan oluşurlar.

Nadir GHOT : pür embriyonel karsinom , nongestasyonel koryokarsinom ve pür poliembriyomlar bu sınıfa dahildir.

Malign GHOT nin yaklaşık yüzde 90 lık kısmını teratom , disgerminom , yolk sak tümörü ve mikst tip germ hücreli over tümörleri oluşturmaktadır (2,3). Pür

etoposit uygulandığında lösemi oranı % 5 civarına kadar yükseldiği belirlenmiştir (45,46).

Küçük serilere dayanan analizler sonucunda GHOT nedeni ile tanı alıp tedavi görmüş hastalarda hipertansiyon , hiperkolesterolemi ve saç dökülmesinde artışlar olduğu tespit edilmiştir.

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