Bölüm
24

OVARİAN SEX CORD-STROMAL TÜMÖRLERE GÜNCEL YAKLAŞIM

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Malign ovarian sex cord-stromal tümörler tüm over malignitelerinin % 5-8'ini oluşturmaktadır. Sex cord-stromal tümör alt grubu ovarian stroma ve sex cordlardan köken alan bir tümör grubunu oluştursa da, histolojik alttipleri kendi içlerinde farklı biyolojik davranış, klinik prezentasyon ve prognoz gösterir. En sık karşılaşılan histolojik tip granuloza hücreli tümörlerdir(1). Tablo 1'de WHO(World Health Organization)'nun ovarian sex cord-stromal tümörler için önerdiği güncel sınıflama sistemi verilmiştir (2).

Tablo 1. Ovarian Sex Cord-Stromal Tümörler İçin WHO 2014 Sınıflandırması
Ovarian Sex Cord-Stromal Tümörler
Saf Stromal Tümörler
Fibroma
Selüler fibroma
Tekoma
Luteinize tekoma (Sklerozan peritonit ile ilişkili)
Fibrosarkom
Sklerozan stromal tümör
Signet-ring stromal tümör
Mikrokistik stromal tümör
Leydig hücreli tümör
Steroid hücreli tümör
Steroid hücreli tümör, malign
Saf Sex Cord Tümörler
Erişkin granuloza hücreli tümör
Juvenil granuloza hücreli tümör
Sertoli hücreli tümör
Anuler tübüller ile birlikte olan sex cord tümör
Mixed Sex Cord-Stromal Tümörler
Sertoli-leydig hücreli tümörler
Sex cord-stromal tümörler, başka türlü sınıflandırılamayan

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hastalarda tüm metastatik hastalığın çıkarılmasına yönelik bir cerrahi efor önerilmektedir(1, 18, 35, 45). Brown ve arkadaşları sertoli-leydig hücreli tümörü olan 31 hasta bildirmişler ve 5 hastada lenf nodu diseksiyonu yapmışlardır. Lenf nodu diseksiyonu yapılan bu 5 hastada metastatik lenf nodu izlenmemiştir. Takipte 9 hastada rekürrens olmuş ve bu 9 hastanın hiçbirinde lenf nodlarında rekürren hastalık izlenmemiştir. Yazarlar lenf nodu metastazının nadir olduğunu ve lenfadenektominin bu hastalarda ihmal edilebileceğini bildirmişlerdir(19). Sonrasında cerrahi evreleme sırasında lenfadenektominin ihmal edilebileceği görüşü başka yayın ve yazarlar tarafından da desteklenmiştir(1, 18).

Sertoli-leydig hücreli tümörlerde adjuvant kemoterapi konusunda bilgiler kısıtlıdır ve retrospektif olgu sunumları ya da küçük hasta serilerine dayanmaktadır. Mevcut veriler doğrultusunda evre 1'de kötü differansiye tümörlerde veya heterolog eleman varlığında ve evre 2-4'de adjuvant tedavi önerilir(18, 43, 45). Schneider ve arkadaşları 44 hastalık bir sertoli-leydig hücreli tümör serisi yayınlamışlardır. 17 hasta evre 1C'dir. 6 hastada preoperatif rüptür ya da malign asit, 11 hastada intraoperatif rüptür bildirmişlerdir. İntraoperatif rüptür olan hastaların beşinde rekürrens meydana gelmiş, üçü ölümle sonuçlanmıştır. Preoperatif rüptür olan hastalardan 1 tanesinde rekürrens ve takibinde ölüm meydana gelmiştir. Bu nedenle yazarlar istatiksel bir kanıt olmamasına rağmen hem intraoperatif rüptür hem preoperatif rüptürü olan hastalar için adjuvant kemoterapi önermişlerdir(37). Postoperatif adjuvant kemoterapide ve rekürren hastalıkta kemoterapi rejimi olarak BEP rejimi önerilmektedir(1, 18, 43).

Young ve Scully'nin 207 hastalık tarihi çalışmasında iyi diferansiye tümörlerin hiçbirinde klinik malign seyir bildirilmez iken, orta diferansiye tümörlü hastaların %11'inin, kötü diferansiye tümörlü hastaların %59'unun ve histolojisinde heterolog eleman içeren hastaların %19'unun klinik olarak malign seyir izlediğini bildirmişlerdir(38). Sigismondi ve arkadaşlarının 21 hastalık serisinde 5 yıllık sağkalım iyi diferansiye hastalar için %100, orta ve kötü diferansiye hastalar için %77.8 , evre 1 hastalar için 92.3% , evre>1 hastalar için ise %33.3 olarak bildirilmiştir.

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