

## Bölüm 36

# GEBELİK ve JİNEKOLOJİK KANSERLER

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### GİRİŞ

Gebelikte kanser yaklaşık olarak 1000 gebelikte 1 insidansa sahiptir (Parazzini& ark., 2017). Görülen kanserlerin üçte biri prenatal dönemde tanı almakla beraber, geri kalanı doğum sonrası ilk 12 ay içerisinde tanı alır. Gebelikte ilişkili en sık görülen üç malignite sırasıyla meme, tiroid ve serviks kanseridir (Smith & ark., 2001). Jinekolojik malignitelerin ise %3'ü gebelikte izlenir (Zanotti, Belinson & Kennedy, 2000). Gebelik kansere predispozan bir durum olmayıp, gebelikte görülen kanserler daha çok üreme çağındaki kadınlarda görülen kanser tipleridir (Pavlidis, 2002). Ancak, gebelikteki fizyolojik değişikliklerin hastalık ilişkili semptomlarla karıştırılmasından dolayı tanısal gecikmeler sıktır. Gebelikte en sık görülen jinekolojik kanserler serviks ve over kanseri olmakla birlikte, yüksek paritenin endometrium ve over kanserinde koruyucu olduğu da bilinmektedir (Morice, 2012), (Högnäs& ark., 2014). Gebelik esnasında kanser yönetimi gebeliğin devamı arzusu, kanserin tipi ve evresi göz önüne alınarak bireyselleştirilmelidir.

### GEBELİKTE TEDAVİ

#### Cerrahi

Gebelikte cerrahi tanı, tedavi veya evreleme için kullanılmaktadır. Abdominal cerrahiler tercihen ikinci trimesterde planlanmakla beraber, gebelikte eğer anne sağlığı için tıbbi olarak gereklilik mevcutsa trimesterden bağımsız olarak ameliyat uygulanmalıdır. Gebelikte laparoskopik cerrahi 26-28. haftaya kadar güvenle uygulanabilir (Fatum & Rojansky, 2001). Açık giriş tekniği, sol lateral dekübit po-

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ziyetinin genç kadınlarda vajende berrak hücreli kansere yol açtığı bilinmektedir. Vajen kanseri akıntı ve kanamayla kendini gösterebilir. Vajinal kanser mevcutsa birinci ve ikinci trimesterde gebelik genellikle önemsenmez ve radikal histerektomi, üst vajinektomi, bilateral pelvik paraaortik lenf nodu diseksiyonu uygulanır. Gebelik ileri haftadaysa ve vajen ileri derecede tutulmuşsa uterus histerotomi ile boşaltılır veya sezaryen yapılar ardından kemoterapi verilir. Ancak vajen kanseri ve gebelik çok nadirdir. Bu nedenle, gebelikte yönetimle ilgili bir kılavuz yoktur (Hoellen & ark., 2012).

**Anahtar Kelimeler:** Gebelik,jinekolojik Neoplazi, Kadın Genital Kanseri

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