

# Bölüm 73

## NAZOFARİNKS KANSERİ

Zülküf KAYA<sup>1</sup>

### GİRİŞ

Nazofarinks, kafa tabanını altında ve burun boşluğunun arka kısmında yer alan küboid şekilli bir boşluktur. Toplam hacimi 14-15 cm<sup>3</sup>tür (1). Östaki ağzının hemen arkasında “J” şeklinde kıvrım olan torus tubarius bulunur. Torusun arka ve üst kısmında ise Rosenmüller fossa vardır. Rosenmüller fossa (faringeal reses), nazofarinks karsinomu (NFK)’nın en sık geliştiği bölgedir. NFK epitelyal kaynaklı bir tümördür. Nazofarinks mukozası psödostratifiyeye kolumnar ve transisyonal epitel den oluşan solunum yolu epiteli, lenfoid stroma, müköz bezler, yetişkinlerde skuamöz epitel ve destek yumuşak doku bileşenlerinden oluşur.

Nazofarinksin en sık benign tümörü primer juvenil anjiofibrom, primer malign tümörü ise nazofaringeal karsinomdur (2). Epidemiyoloji, histoloji, doğal seyri ve tedaviye yanıtı diğer baş boyun skuamöz hücreli karsinomlarından farklıdır. NFK, çoğu popülasyonda nispeten nadir görülen bir malignite olmasına rağmen güney Çin’deki en yaygın kanserlerden biridir. Prevalansı etnik köken ve coğrafik bölgeye göre değişir. NFK vakalarının çoğunu histopatolojik tip olarak nonkeratinize indifferansiye tip oluştur (3). EBV enfeksiyonu, özellikle indifferansiye nazofarinks karsinomu patogenezinde primer rol oynar. Baş ve boyun bölgelerindeki diğer skuamöz hücreli karsinoma göre hem lenfatik hemde sistemik yayılma olasılığı da daha yüksektir (4). Nazofarinks karsinomu, anteriordan burun boşluğuna, pterygoid

fossa veya maksiller sinüse, posterosüperiorndan kafa tabanı, klivus ve intrakraniyal yapılara lateral olarak parafaringeal boşluğa ve infratemporal fossaya yayılma potansiyeline sahiptir (5). Hastalar en sık boyunda kitle nedeniyle sağlık kuruluşlarına başvururlar.

Birincil tedavi yöntemi radyoterapidir. Erken evre hastaların tedavisinde umut verici sonuçlar elde edilmiştir. Lokal ileri evre hastalarda, sadece radyoterapi ile tedavide nüks oranı yüksektir. Bundan dolayı kombine tedavi protokolleri (radyoterapi ve kemoterapi) önerilmektedir. Birçok çalışma lokorejyonel kontrol ve uzak metastazları önlemek için, indüksiyon kemoterapisine, eşzamanlı kemoradyoterapi ve adjuvan kemoterapi gibi farklı tedavi alternatiflerine odaklanmıştır (1,5). EBV ve HPV negatif NFK’lı hastalar en kötü prognoza sahiptir (6). Ayrıca ileri evre NFK, yüksek oranda metastaz nedeniyle kötü prognoza sahiptir (7).

### EPİDEMİYOLOJİ

Dünya çapında, yılda yaklaşık 86.000 NFK vakası ortaya çıkmakta ve bunların yaklaşık 50.000’i ölmektedir (8). NFK, belirgin bir ırksal ve coğrafi dağılım gösteren multifaktöriyel etyolojiye sahiptir (9). Dünya çapında yıllık insidansı ise 8-12/100.000 olduğu bildirilmektedir (10).

Nazofarinks kanser vakalarının %70’i Doğu Asya ve Afrika’da görülmektedir (8). Aynı zamanda coğrafi dağılımı da diğer baş ve boyun

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(kısa süreli hafıza ve dil becerilerinde) bozukluk olduğu görülmüştür (96). Kafa tabanı osteoradyonekrozu sonucu meydana gelen internal karotid arter kanaması, nazofarinks karsinomunun radyoterapi sonrası nadir görülen, ancak potansiyel olarak ölümcül bir komplikasyondur (97). RT'den 1-18 yıl sonra gelişen orta ila şiddetli fonksiyonel sakatlığa (sağrılık, dizatri, disfaji, dil ve palatal zayıflık ve sternokleidomastoid, trapezius, supraspinatus, infraspinatus ve nadiren deltoid kasın motor zayıflığının herhangi bir kombinasyonunu) neden olabilen gecikmiş bulber palsi vakalarının %20'sine kadar rapor edilmiştir (98). Boynun radyasyona maruz kalması hipotroidizme neden olabileceğinden serum tiroid stimule edici hormon (TSH) seviyesi rutin olarak takip edilmelidir (99). Radyasyona bağlı ikincil kanserler, sıklıkla dil ve temporal kemikte EBV negatif skuamöz hücreli karsinom görülür (100, 101). IMRT yaygın kullanımını, tedaviyle ilişkili bu komplikasyonların bazılarının sıklığını veya şiddetini azaltabilir.

### Prognoz

Tümörün patolojisi, hasta yaşı (40-50 yaş altı iyi prognoz), tümörün yayılımı, tümörün büyüklük ve servikal nod metastazı önemli prognostik faktörlerdir. KT'li veya KT'siz IMRT ile tedavi edilen evre I, II, III ve IVA / B hastalığı olan hastalarda beş yıllık genel sağkalım oranları sırasıyla %100,0, %94,3, %83,6 ve %70,5 olarak bildirilmiştir (102). TNM evrelemesi ve tedavi öncesi EBV DNA düzeylerine göre beş yıllık sağkalım oranları aşağıda bildirilmiştir (103):

- Evre I,II hastalık; düşük EBV DNA seviyesi (<4000 copies/mL) – %91
- Evre I,II hastalık; yüksek EBV DNA seviyesi (<4000 copies/mL) – %64
- Evre III,IVA/IVB hastalık; düşük EBV DNA seviyesi– %66
- Evre I,II hastalık; yüksek EBV DNA seviyesi– %54

Kemoterapi ve radyoterapi dahil olmak üzere yeni tedavi yöntemlerin geliştirilmesi ile NFK'lı hastaların 5 yıllık genel sağkalım oranı %80'den daha yüksektir (102, 104). Rekürren NFK'lı hastalar, kompleks tedaviye, yüksek nüks oranına ve kötü prognoza sahiptir (105).

### SONUÇ

Baş boyun kanserleri içinde nadir görülen nazofarink karsinomu, nazofarinkste özellikle Rosenmüller fossada ortaya çıkan epitelyal tümördür. Nazofarinks karsinomu dünyanın çoğu yerinde nadir görülmesine rağmen, dominant histopatolojik tip olan indifferensiye keratinize skuamöz hücreli karsinomun Güney Çin, Güneydoğu Asya, Kuzey Afrika ve Kuzey Kutbunda endemiktir. Nazofarinks karsinomu, 15-25 ve 50-59 yaşlar arasında ve aynı zamanda erkeklerde kadınlara oranla 2 ila 3 kat daha fazla görülmektedir. Genetik duyarlılık, kimyasal kanserojenlere erken yaşta maruz kalma, sigara ve EBV enfeksiyonu, endemik nazofarinks karsinomunun başlıca etiyolojik faktörleridir. Hastalar, sıklıkla boyunda kitle, tek taraflı burun kanaması ile birlikte olan burun tıkanıklığı ve işitme kaybı şikayetleriyle hekime başvururlar. Tanı, endoskop eşliğinde primer tümörden alınan biyopsinin histopatolojik değerlendirilmesi sonucu konur. Ayrıca ihtiyaç duyulduğunda MRG ve PET-BT gibi görüntüleme yöntemleri ve plazma EBV DNA tespiti yapılabilir. Radyosensitif bir karsinom olması nedeniyle tedavide radyoterapi birincil yöntemdir. İlerlemiş veya rekürren hastalığın tedavisinde kemoradyoterapi altın standarttır. Hastanın prognozunu, tümörün histopatolojik tipi, metastazı, büyüklüğü, hasta yaşı (40-50 yaş altı iyi prognoz) ve servikal nod metastazı etkiler.

**Anahtar Kelimeler:** Nazofarinks karsinomu, EBV, radyoterapi, kemoterapi

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