

Bölüm 45

MESANE PATOLOJİSİ

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Mesane hastalıkları neoplastik ve non-neoplastik olarak 2 başlık altında incelenecektir.

MESANENİN NEOPLASTİK HASTALIKLARI

Mesane kanserleri dünya genelinde 9. sıklıkta görülen kanser türüdür (1,2). Üriner sistemin en sık görülen maligniteleridir (3). Yaklaşık %90'ını ürotelyal (transizyonel) karsinom oluşturmaktadır (2-4). Görülme sıklığı erkeklerde daha fazladır (5). Ancak kadınlarda tanı anında evre daha ileri olup kötü prognozla seyretmektedir (6). Daha çok 50 yaş üzerinde görülmektedir (4). Mesane kanseri için sigara bilinen en sık karsinojen olup, aromatik aminlere ve polisiklik aromatik hidrokarbonlara maruziyet diğer önemli risk faktörleridir (1,5,7). Ayrıca genetik yatkınlığın da önemli olduğunu gösteren çalışmalar mevcuttur (2). Genellikle sık ve acil idrara çıkma, hematüri, ağrı gibi spesifik olmayan semptomlarla kendini gösterebilir (4,6). Mesane kanserindeki hematüri genellikle aralıktır ve hastalığın şiddeti ile koreledir (8). Tanıda çeşitli yöntemler kullanılmaktadır. İdrar sitolojisi en sık kullanılan yöntem olmakla beraber tanısız değeri en yüksek olan yöntemler transüretal rezeksiyon (TUR) ve biyopsidir (4,8). Tümörün erken tespiti prognoz, tedavi seçenekleri ve yaşam kalitesi açısından oldukça önemlidir. Mukozaya sınırlı tümörü olan olgularda 5 yıllık survey %95 iken, invaziv olgularda %48, metastatik olgularda ise yaklaşık %10 civarındadır (8). Tedavi tümörün histolojik derecesine ve evresine bağlı olarak değişkenlik göstermektedir (4). Bu nedenle histopatolojik değerlendirme önem arz etmektedir. Mesane biyopsi ve TUR materyallerinde histolojik tümör tipi, histolojik grade, muskularis propria varlığı (mevcut ise detrusör kasına invazyon olup olmadığı), lenfovasküler invazyon varlığı, tümör yayılımı ve ilave patolojik bulgular (karsinoma in situ (CIS) vs.) mümkün olduğunca değerlendirilmeli ve patoloji raporunda belirtilmelidir (9). Sistektomi materyallerinde ise bu parametrelere ilave olarak tümör lokalizasyonu, boyutu, cerrahi sınırlar, lenf nodlarının durumu ve patolojik evre (TNM sınıflamasına göre) raporda yer almalıdır (10).

Mesane tümörlerinin yaklaşık %50'si invaziv olmayan papiller tümörlerden oluşmaktadır. Non-invaziv karsinomlar flat (düz) ve papiller olmak üzere 2 paterne sahiptir. Mesane tümörleri incelenirken öncelikle bu büyüme paternleri değerlendirilir. Daha sonra da sitolojik ve yapısal özelliklerine göre sınıflandırılır (4). Mesane tümörlerinin sınıflamasında en yaygın olarak kabul gören ve günümüzde kullanılan dereceleme sistemi Dünya Sağlık Örgütü (DSÖ/WHO) 2016 (WHO/ISUP (Uluslararası Ürolojik Patoloji Topluluğu) 1998) sınıflamasıdır. (4,11) Bu sınıflamaya göre mesane tümörleri Tablo 1'de gösterilmiştir (11).

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KAYNAKÇA

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