Bölüm
46

KAS İNVAZİV OLMAYAN MESANE KANSERİNE YAKLAŞIM VE YÖNETİM

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GİRİŞ

Mesane kanserinde kas invazyonu surveyi çok etkileyen, tedaviyi tamamen değiştiren bir durumdur. Bunun için mesane kanserini kas invaze ve kas invaze olmayan şeklinde iki gruba ayırıyoruz. Bu bölümde kas invaze olmayan mesane kanserini ele alacağız.

Kas invaze olmayan mesane kanserini tanımlayacak olursak, TNM sınıflandırmasına göre Ta, Tis ve T1 tümörler bu gruptadır (1). Yani mukozaya sınırlı ya da lamina propriaya invaze papiller tümörler ve mukozaya sınırlı karsinoma in situ olarak adlandırılan flat tümörlerdir(1).

EPİDEMİYOLOJİ

Mesane kanseri, kanser sıralamasında dünyada onbirinci, erkek popülasyonunda ise yedinci sıradadır (2). İnsidansına baktığımızda ise erkeklerde yüz binde 9, kadınlarda yüz binde 2.2'dir (2). Erkeklerde sigara kullanımının ve çevresel etkenlere maruziyetin fazla olması sebep olarak gösterilebilir.

2012de yapılan bir çalışmada mortalite oranları erkekte yüz binde 3.2, kadında ise yüz binde 0.9 saptanmıştır (2).

Tanı anında hastaların yaklaşık %75'i kas invaziv olmayan grupta olup kanser spesifik mortalite oranları kas invaziv olan grupla kıyaslandığında belirgin düşüktür (2-4).

ETYOLOJİ

Etyolojide en sık suçlanan faktör sigara olup olguların %50'sinde sigara içimi mevcuttur (3, 5-7). Çevresel sigara dumanına maruziyet de kanser riskini artırmaktadır (3). Sigarada bulunan polisiklik hidrokarbonlar, aromatik aminler idrar yoluyla atıldığı için üriner sisteme kanserojenik etkisi vardır.

Aktif sigara içen grupta risk en fazla olup sigarayı bırakan grupta mesane kanseri riski düşer. Ancak hiç sigara içmeyen grup seviyesine düşmez (6).

İkinci sırada ise endüstriyel kimyasallara maruziyet suçlanmaktadır. Boya, metal ve petrol ürünleri ile temasa neden olan durumlar riskin artmasına yol açar (3, 5, 8, 9). Gelişmiş ülkelerde ise artan iş güvenliği tedbirleri ile bu risk normal popülasyon seviyesine inmiştir (3, 8, 9).

Günlük alınan su miktarı ve sıvı çeşidi tartışmalıyken sudaki klor ve arsenik gibi maddelerin mesane kanseri riskini arttırdığı gösterilmiştir (3, 10).

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BCG intoleransı: BCG tedavisini yarıda bırakacak ciddi yan etki.

Başarısız BCG tedavisi ya da BCG sonrası nüks durumunda radikal sistektomi gündeme gelmelidir.

KİOMK'da Radikal Sistektomi

Mesane kanserinde radikal sistektomi etkili bir yöntem olmasının yanında hayat kalitesini düşürmesi, çeşitli morbiditelere sebep olması nedeniyle kas invaze olmayan mesane kanserinde ilk planda düşünülmemektedir. Fakat bazı kas invaze olmayan mesane kanserlerinin progresyon göstererek invaze olduğu ve primer kas invaze kanserlerden daha kötü prognoza sahip olduğu (50, 51), T1 tümör nedenli radikal sistektomi yapılan hastaların patoloji sonucunun %27-51 oranında kas invaziv olarak raporlandığı gözlenmiştir (52-57). Dolayısıyla kar/zarar oranı göz önüne alınarak seçilmiş vakalarda(özellikle çok riskli grupta) radikal sistektomi de göz önüne alınmalıdır.

Takip

Takipte kullanılan temel yöntem sistoskopidir. Görüntüleme yöntemleri ve sitoloji ile desteklenebilir. 3. ayda kontrol sistoskopi mutlaka yapılmalı sonrasında ise hasta bazlı takibe devam edilmelidir.

Düşük dereceli tümörlerde 5 yıllık nükssüz takip sonrası nüks riski düşük olduğu için takip sonlandırılabilir (58, 59). Fakat orta ve özellikle yüksek riskli grupta 10 yıl sonrasında bile nüks gözlenebildiği için takip ömür boyu sürdürülmelidir (59)

SONUÇ

Sonuç olarak mesane kanseri hayatı tehdit eden önemli bir hastalıktır. Risk faktörlerinden uzak durulmalı, tedavi ve sonrasındaki takip aksatılmamalıdır. Progrese olarak mortalite ve morbiditesi daha yüksek olan kas invaze hale dönüştüğünde hayatta ciddi değişikliklere sebep olmaktadır.

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