

Bölüm 48

TESTİS TÜMÖRLERİ

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Testis patolojisi neoplastik ve non-neoplastik olarak 2 başlık altında incelenecektir.

TESTİS TÜMÖRLERİ

Testis tümörleri, kaynaklandığı hücelere ve görülme yaşına bağlı olarak birkaç farklı gruba ayrılrsa da germ hücreli tümörler (GHT) ve sex-kord stroal tümörler olarak başlıca 2 ana grupta toplamak mümkün. Bu iki ana kategori tüm solid testis tümörlerinin yaklaşık %95 ini oluşturur. ⁽¹⁻⁴⁾ Erkeklerdeki solid malignansilerin yalnızca %1 ini oluşturmalarına rağmen 15-35 yaşlarındaki erkekleri etkileyen en yaygın malignansilerdir. ⁽⁵⁾ Testis neoplazmı vakalarının büyük çoğunluğunu oluşturan germ hücreli tümörler yaşa bağlı bir dağılım gösterirler. Genç erişkin erkeklerdeki testis tümörlerin büyük çoğunluğunu germ hücreli tümörler oluştururken, 70 yaşın üzerindeki olgular daha çok lenfoma ve sekonder karsinomlardan oluşmaktadır. ^(2,3) Sertoli ve leydig hücrelerinden kaynaklanan seks kord-stromal tümörler ise nispeten daha nadirdir. Testis tümörlerinin histolojik alt tipleri geniş bir spektruma sahiptir ve özellikle GHT'ler arasındaki değişken klinik davranış nedeniyle testis patolojisi oldukça karmaşık bir konudur. Mevcut yaştaki tümörlerin tipi, hastanın yaşı, primer yerleşim yeri ve klinik özellikler biyolojik davranışı belirler, çünkü bu klinik parametrelere bağlı olarak aynı histolojik görünümdeki tümörler farklı davranabilirler. Doğru histolojik değerlendirme ve evreleme, hastanın cerrahi olarak tedavi edilip edilmeyeceğinin ve kemoterapi alıp almayacağına yardımcı olacaktır. ⁽¹⁾ Bu nedenle titizlikle yapılacak bir histolojik değerlendirme tedavinin belirlenmesi ve hastanın prognozu açısından çok önemlidir. Patoloji raporunda, etkin tedavi için ihtiyaç duyulan: tümör tipi, tümör çapı, mikst germ hücreli tümörlerde tümör türlerinin oranları, karsinoma insutu, nekroz varlığı, lenfovasküler invazyon, komşu yapılara invazyon ve lenf düğümü metastazı varlığını kapsayan prognostik parametreler raporda yer almalıdır. Kemoterapi sonrası yapılan rezeksiyon materyalinde ise mutlaka rezidü tümör hücresi varlığı araştırılmalı ve eğer varsa mutlaka belirtilmelidir. ⁽⁶⁾

Patolojik değerlendirme biyopsi materyalinde değil tüm testis dokusunun histopatolojik olarak incelenmesi ile yapılmalıdır. Tüm testis dokusunun incelenmesi tümör tipinin tanımlanması ile birlikte vasküler veya lenfatik yayılım, spermatik kordun içine yayılım olup olmadığını ve tümörün tunica albugineayı aşmış olup olmadığını belirlemesine sağlar, hastalığın evresi ve derecesinin değerlendirilmesine izin verir. Tüm bunlar hastalığın yönetimi ve prognoz üzerine önemli bir etkiye sahip olan parametrelerdir. ^(1,7)

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