Bölüm
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TESTİS TÜMÖRLERİNE YAKLAŞIM VE YÖNETİM

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GİRİŞ

Testis kanseri erkek neoplazmlarının %1'ini, ürolojik tümörlerin %5'ini oluşturmaktadır. Her yıl 100.000 erkekte 3 ila10 yeni vaka görülmektedir (1). Son dekatta, özellikle endüstriyel ülkelerde insidansı artmaktadır (2). Dünya genelinde, 2018 yılında toplam 71.105 testis kanseri vakası ve buna bağlı olarak 9.507 ölüm gözlenmiştir (3). Ülkeler açısından ele aldığımızda en yüksek insidansın Norveç'te (11,8/100.000), en düşük insidansın ise Hindistan (0,5/100.000) ve Tayland'da (0,4/100.000) olduğu belirlenmiştir (4). Son 40 yıl içinde testis kanseri insidansında 2 kat artış olmasına rağmen 1970'lerden itibaren sisplatin bazlı kemoterapi (KT) rejimleri, dikkatli tanı, erken tedavi, multidisipliner yaklaşımlar ve düzenli takipler sayesinde Amerika Birleşik Devletleri (ABD)'de ve Avrupa'da kansere özgü mortalitede önemli bir azalma sağlanmıştır (5).

Testis kanserinde inmemiş testis, hipospadias, inguinal herni ve doğum ile ilgili tanımlanmış birçok risk faktörü mevcuttur (6). Ailede inmemiş testis veya hipospadias öyküsü olması testis tümörü gelişimi açısından risk oluşturmamaktadır (7). Testis tümörü öyküsü olan hastaların %5'inde kontralateral testiste tümör gelişimi gözlenmektedir (8).

Testis tümörlerinde çeşitli genetik değişiklikler tanımlanmıştır. Germ hücreli tümörlerin tüm histolojik tipleri ve karsinoma in-situ için 12. kromozomun kısa kolundaki (12p) izokromozomal değişiklik en sık tanımlanan anomalidir (9). Seks gelişim bozuklukları (İnterseks) olan hastalarda artmış bir gonadal tümör riski mevcuttur. Hipovirilizasyon ve gonadal disgenezisi olan çocuklar en yüksek riske sahiptirler. Yapılan çalışmalarda birçok gen tanımlansa da testis kanserinden sorumlu olan majör bir gen henüz bulunamamıştır (10, 11).

Klinik İnceleme ve Tanı

Testis tümörü tespit edilen hastalar genellikle ağrısız testiküler kitle ile nadiren de kitlenin oluşturduğu reaktif hidrosel nedeniyle başvururlar. Testisteki büyüme genellikle uzun sürede gelişir ve skrotal dolgunluk hissi duyulur. Nadir belirtiler arasında skrotum üzerinde pigmentasyon, jinekomasti ayrıca hastaların %30 ila 40'ında karın ve kasıklarda künt ağrı ve %10'unda akut bir ağrı görülebilmektedir (12). Skrotal ağrı, tümörün geç dönemde tunica albuginea veya epididim invazyonu sonucu oluşur. Eğer tanı

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rezeksiyon salvaj KT'ye göre daha etkin bir seçenektir. Klinik çalışmalara göre diğer bir seçenek ise gemsitabin ve paklitaksel tedavisidir. Ancak geç nükslerin çoğu salvaj tedavilere cevap vermemektedir ve sağ kalım oranı düşüktür (53).

SONUÇ

Geçmiş zamanlarda testis tümörü oldukça fatal bir hastalık olarak tanımlanmaktaydı. Günümüzde sisplatin bazlı KT'ler ve destekleyici cerrahi tedavilerin uygulandığı multimodal tedaviler ile oldukça başarılı şekilde iyileştirilebilen kanser türlerinden biri olmuştur. Son 40 yılda sağ kalım oranlarındaki önemli iyileşmelere rağmen, tedaviyi en üst düzeye çıkarmak ve morbiditeyi azaltmak amacıyla günümüzde halen birçok çalışma devam etmektedir.

Anahtar Kelimeler: Germ hücre, kanser, testis

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