Bölüm
46

GEBELİK VE NEOPLASTİK HASTALIKLAR

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GİRİŞ

Gebelik süresince kanser gelişimi nadir görülen bir durum değildir. 1964 yılı ile kıyaslandığında 2000 yılında görülme sıklığı iki kat artarak 1:2000'den, 1:1000'e yükselmiştir (1,2,3).

Bu durum kariyer, evlenme yaşının ilerlemesi gibi nedenlerden ötürü bayanların daha ileri yaşlarda anne olmaya başlamasına bağlanabilir (4).

Gebelikte kanser herhangi bir alandan gelişebilir ancak gebelikte en sık görülen kanserler meme kanseri, servikal kanser, lenfoma, melanoma ve over kanseridir (5,6,7,8,9,10).

Melanoma, hemapoetik kanserler ve akciğer kanseri, plasenta ve fetusa metastaz yaptığı bildirilen kanserlerdir (11).

Gebelik sürecine ait fizyolojik değişiklikler, bu dönemde kanser tanısını zorlaştırmaktadır. Malignite bulguları ile gebelik bulantı/kusması, meme değişiklikleri, halsizlik, karın ağrısı karışabilir. Büyümekte olan uterus ve meme değişimleri fizik muayene bulgularını baskılayabilir. Teratojenik etki açısından görüntüleme yöntemlerinin kullanımı sınırlıdır ve tümör belirteçleri gebeliğe bağlı değişim gösterebilmektedir (12).

Kanser tanısı alan gebelerde, tedavi boyunca fetusta oluşabilecek teratojenik etkiler nedeniyle tedavi seçenekleri kısıtlanmaktadır (13).

Hastanın tedavisi planlanırken mutlaka gelecek dönem fertilite arzusu da göz önünde bulundurulmalıdır (14). Tanıda karşılaşılan zorluklar nedeni ile her gebe ilk başvuruda ayrıntılı olarak değerlendirilmelidir. Aytıntılı anamnez ve fizik muayeneye ek olarak meme muayenesi ve Papanicolou test uygulanmalıdır (15,16). Kanser şüphesi uyandığı zaman genellikle fetal yan etki yapabileceği endişesi ile ileri tetkikleri isteme konusunda hekimlerde tereddüt oluşabilmektedir. Oysa ki ince iğne aspirasyon biyosisi, doku biyopsisi, manyetik rezonans görüntüleme, ultrason fetusa zararsız uygulamalardır (7,17,18). İyonizan radyasyon içeren bilgisayarlı tomografi ve düz radyografiler de gerekli koruyucu önlemler alınarak ve fetusun teratojenite açısından riskli gelişim haftaları göz önüne alınarak uygulanabilmektedir (19,20,21,22).

İyonizan radyasyonun teratojenite, gelişme geriliği, entelektüel kısıtlılık ve hatta ölüme sebebiyet verebildiği, fetusun ömür boyu kansere yakalanma riskini arttırdığı unutulmamalıdır (23,24,25). Tümör belirteçlerinden AFP, CA 125, CA 15-3 gebelikte düzeyleri artan belirteçlerdendir. CEA, CA 19-9, LDH, HE-4 düzeyleri gebelikten etkilenmez ve bu nedenle tanıda yardımcıdırlar. Gebeliğe bağlı hipertansif hastalıklarda LDH düzeylerinin artabileceği akılda tutulmalıdır (26,27,28,29).

SERVİKAL KANSER

Gebelikte en sık görülen malignitelerden biri servikal kanserdir. 10.000 doğumda 0.8-1.5 oranın-

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bulgularla karışabilmekte ve bu dönemde tanıyı geciktirebilmektedir. Gebelikte kanser tanı ve tedavisi için yapılacak girişimler ve uygulanacak medikal tedaviler planlanırken fetusun varlığı da hesaba katılmakta ve planlamayı zorlaştırmaktadır. Bu nedenle gebelikte kanser tanısı ve tedavisi multidisipliner yaklaşım gerektirmektedir. Fetus açısından alınan her kararda aile aktif rol almalıdır. Erken tanı imkanı sağlayabilmek için gebelerin sadece 'gebe' olmadığı, bu döneme malignitelerin eşlik edebileceği unutulmamalı ve gebeliğe bağlı fizyolojik değişimlere hakim olunmalıdır.

Anahtar kelimeler: Gebelik, kanser, servikal kanser, over kanseri, meme kanseri, hematolojik maligniteler, malign melanom.

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