

JİNEKOLOJİK KANSERLERDE PATOLOJİK DEĞERLENDİRME; SERVİKS KARSİNOMLARI

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GİRİŞ

2018 yılında dünya genelinde 570.000 serviks kanseri vakası, 311.000 serviks kanserine bağlı ölüm bildirilmiştir (1). Serviks kanseri insidansı ve mortalite oranı gelişmiş ve gelişmekte olan ülkelerde birbirlerinden çok farklıdır (2). 28 ülkede en sık görülen malignite 42 ülkede ise maligniteye bağlı ölümlerin en önemli sebebidir ki bu ülkelerin bir çoğunu Güney Doğu Asya ve Afrika' daki ülkeler oluşturmaktadır. İnsidans ve mortalite oranı Kuzey Amerika, Avustralya, Batı Asya' da ise bu ülkelere oranla 7-10 kat daha azdır (1).

Global Kanser Verileri (GLOBOCAN) 2008 verilerinde dünya genelinde servikal kanserlerin kadınlarda tüm kanserler içerisinde 3. sırada, erkek ve kadın toplamında ise 7.sırada yer aldığı belirtilmekteydi (3). 2018 GLOBOCAN' a göre ise servikal kanserler kadınlarda hem insidans hem de mortalite açısından dünya genelinde 4. sırada yer almaktadır (1). Son bir kaç dekatta servikal kanser insidansında ve ölüm oranında dünya genelinde birçok bölgede belirgin bir düşüş izlenmektedir ki bu servikal kanser taramalarının düzenli olarak yapılmasına, sosyoekonomik seviyede artışa, yüksek riskli HPV enfeksiyonlarının kronik bir enfeksiyon oluşturmasında azalmaya, genital hijyende düzelmeye, doğurma oranında azalmaya ve diğer cinsel yolla bulaşan hastalık oranlarında azalmaya bağlıdır (1,4).

İnsan Papilloma Virüsü (HPV) servikal kanser gelişmesi için neredeyse zorunludur fakat tek

başına bazen yeterli değildir (5). HPV suşlarının birçoğu iyi huyludur ve geçici enfeksiyonlara sebep olur (6). International Agency for Research on Cancer (IARC) (Uluslararası Kanser Araştırmaları Ajansı) verilerine göre tanımlanan 12 tip onkogenik HPV suşu persistan enfeksiyonlara neden olarak servikal kanserlerin neredeyse tamamının nedenini oluşturur (4). Kalıcı HPV enfeksiyonu oluşmadığı durumlarda servikal kanser oluşma olasılığı son derece düşüktür (6). IARC tarafından tariflenen 12 tip kanserojen HPV suşu Grup 1 kanserojen olarak sınıflandırılmıştır ve HPV tip 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59'dan oluşmaktadır (4).

MAKROSKOBİK DEĞERLENDİRME

Punch Biyopsi

Servikal punch biyopsiler genellikle tedavi amacıyla değil de servikal intraepitelyal neoplazi (CIN), HPV etkisi ve invaziv karsinom tanısını koymak için uygulanır. Genellikle 4-5 mm boyutlarında alınan biyopsilerin boyutları, renkleri, sayıları belirtilip her biri farklı kasetlere konulmaktadır (7.8.9).

Servikal Konizasyon ve Loop electrical excision procedure (LEEP)

Tanı ve tedavi amacıyla kullanılır. İlk olarak ek-toserviks ve eksternal os'un boyutları ölçülür daha sonra ek-toservikal, endoservikal ve lateral cerrahi sınırlar cerrahi sınır boyası ile işaretlenir ve spes-

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Tablo 7: FIGO Evreleme Sistemi

EVRE I

Tümör servikste sınırlıdır. Uterus korpusa yayılım bu evreyi değiştirmez.

Evre IA: Sadece mikroskopik olarak tanısı konulan invaziv karsinomlar için kullanılır. Stromal invazyon derinliği ≤ 5 mm, horizontal yayılımı ≤ 7 mm

Evre IA1: Stromal invazyon derinliği ≤ 3 mm, horizontal yayılımı ≤ 7 mm

Evre IA2: Stromal invazyon derinliği > 3 mm ve ≤ 5 mm, horizontal yayılımı ≤ 7 mm

Evre IB: Servikste sınırlı klinik lezyonlar veya servikste sınırlı EvreIA'dan büyük preklinik lezyonlar (Makroskobik olarak fark edilen bütün lezyonlar EvreIA boyutunda dahi olsa Evre IB kabul edilir)

Evre IB1: ≤ 4 cm klinik lezyonlar

Evre IB2: > 4 cm klinik lezyonlar

EVRE II: Tümör uterusu aşmıştır fakat pelvik duvar veya vajen alt 1/3'lük kısma ulaşmamıştır

Evre IIA: Parametrial tutulum olmadan vajen 2/3 üst kısım invazyonu mevcuttur

Evre IIA1: ≤ 4 cm klinik lezyonlar

Evre IIA2: > 4 cm klinik lezyonlar

Evre IIB: Pelvik yan duvar tutulumu olmadan belirgin parametrial invazyon vardır.

EVRE III: Tümör vajen alt 1/3 kısma ve pelvik yan duvara kadar ulaşmıştır. Rektal muayenede tümör ile pelvis yan duvar arasında serbest aralık bulunmaz. Başka nedenlerle olmadığı bilindiği sürece hidronefroz veya nonfonksiyone böbrek bulguları varsa bu evreye dahil edilmelidir

Evre IIIA: Vajen 1/3 alt kısma invazyon vardır fakat pelvik yan duvara uzanım görülmez.

Evre IIIB: Pelvik duvar tutulumu mevcuttur veya hidronefroz/ nonfonksiyone böbrek bulguları vardır.

EVRE IV: Pelvis dışına kadar uzanan yayılım vardır veya klinik olarak mesane ve/veya rektum tutulumu bulunur.

Evre IVA: Komşu pelvik organlara yayılım mevcut

Evre IVB: Uzak organ metastazı bulunur

Anahtar Kelimeler: Serviks karsinomları, histopatolojik sınıflandırma, patolojik değerlendirme

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